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ABSTRACT

This resource kit for working with older people consists of an instructor's guide, a package of simulation training materials, and performance-based teacher education modules. Topics covered in the instructor's guide are understanding the common problems of working with older people, selecting problem areas for trainees, developing plans for using the resource kit, and using the modules. The simulation package includes background materials, a bibliography, instructions for using accompanying films and a slide show, and 43 simulations dealing with the following problems encountered when working with older people: coping with bureaucracy, family members, death, health problems, poverty, and loss of independence; depression; getting along with others; refusing offered solutions; losing contact with reality; being overly dependent on services; acknowledging agency and personal restrictions; recognizing an emergency; unsanitary conditions; and loss of friends or roles. The teacher education modules (a set of self-paced materials) cover employing simulation techniques; employing brainstorming, buzz group, and question box techniques; and conducting group discussions, panel discussions, and symposia. (MN)

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SERIES NUMBER SN 33

Working With Older People

A Resource Kit

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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THE NATIONAL CENTER
FOR RESEARCH IN VOCATIONAL EDUCATION
THE OHIO STATE UNIVERSITY
1960 KENNY ROAD · COLUMBUS, OHIO 43210
1981

**In cooperation with
The Ohio Commission on Aging
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THE NATIONAL CENTER MISSION STATEMENT

The National Center for Research in Vocational Education's mission is to increase the ability of diverse agencies, institutions, and organizations to solve educational problems relating to individual career planning, preparation, and progression. The National Center fulfills its mission by:

- Generating knowledge through research
- Developing educational programs and products
- Evaluating individual program needs and outcomes
- Providing information for national planning and policy
- Installing educational programs and products
- Operating information systems and services
- Conducting leadership development and training programs

FUNDING INFORMATION

The work presented herein represents efforts by both the National Center for Research in Vocational Education and the Ohio Commission on Aging. This resource kit is a product of a Title IV-A, Older Americans Act grant to the National Center, which had the prime purpose of duplicating and disseminating existing curricular materials in aging. The existing materials used in the resource kit included a package of simulation materials developed earlier by the Ohio Commission on Aging (also with a Title IV-A Older Americans Act grant), and performance-based teacher education modules developed previously by the National Center (Department of Health, Education and Welfare, National Institute of Education). In addition, a new *Instructor's Guide* for the entire resource kit was developed by the National Center to facilitate use of all the materials.

The opinions expressed herein do not, however, necessarily reflect the position or policy of any of the sponsors, and no official endorsement of them should be inferred.

CONTENTS

Instructor's Guide 37 pages

A "how to" manual that will facilitate your use of the resource kit.

Working With Older People: Simulations for Practitioners 157 pages

A package of forty-three simulations about problems encountered when working with older people. It includes printed materials (background information, written simulations, bibliography), 15 films, and an orientation slide show.*

Performance-based Teacher Education Modules

Three modules that will help you improve the instructional skills you need to use the simulation materials most effectively for training workers or students. The three modules are entitled:

- *Employ Simulation Techniques* 60 pages
- *Employ Brainstorming, Buzz Group, and Question Box Techniques* 24 pages
- *Conduct Group Discussions, Panel Discussions, and Symposiums* 48 pages

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* See page v for information about accessing the films and the slide/tape presentation if they are not currently available to you.

ORDER INFORMATION

Working with Older People is available for purchase in two sections from separate sources. The audiovisual materials are an extra component which adds interest to the presentation of the basic product. Order as follows:

AUDIOVISUAL COMPONENTS

1. **Orientation Slide Presentation** — 52 slides/7 minute cassette tape

   This slide/tape presentation provides an overview of the total program for students or trainees.

2. **15 Simulation Films** — 16mm color/sound film on three 7" reels

   These films present hard-to-handle situations for group problem solving.

Contact for sales information on AV materials:

Lindy Productions, Inc.
Attn: Nils Lindquist
4784 North High Street
Columbus, OH 43214
Phone: (614) 888-4788

PRINTED MATERIALS

Working with Older People — SN 33 $22.00

The notebook contains an Instructor's Guide, 43 simulations, and 3 PBTE modules. Prices include shipping and handling charges. Note the discount on quantity orders.

ORDERING INSTRUCTIONS

When ordering, please use order number and title. Orders of $10.00 or less should be prepaid. Make remittance payable to the National Center for Research in Vocational Education. Mail order to:

The National Center for Research
in Vocational Education
National Center Publications, Box F
1960 Kenny Road
Columbus, Ohio 43210

Prices listed are in effect at the time of publication of this book. All prices include postage and handling. Prices are subject to change without notice.

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Orders of five (5) or more items, as listed by publication order number and title, with a total dollar value for the order of:

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$201 to $300, the discount is 15%
$301 to $400, the discount is 20%
$401 and above, the discount is 25%.

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All orders, in any amount, from outside the United States and its possessions are to be paid in U.S. currency. Additional postage and handling charges may be added for foreign shipments, if necessary.

LOAN AVAILABILITY

One copy of the complete product including AV materials was distributed in June 1981 to each state agency on aging. These kits will be available for loan to area and local agencies. Contact your state agency.

FOREWORD

The older population in America is growing. At the same time resources for social services are dwindling. While all older people do not need assistance, some do need help to live in an independent manner. The key to effectively and efficiently serving older people is with well-prepared personnel. Training for students and staff that prepares them to handle the problems encountered when working with older people can be most useful.

Working with Older People: A Resource Kit is a package of simulation training materials and performance-based teacher education modules that will facilitate the needed educational experiences for students and staff. The kit stands alone, yet is modular and flexible. It can be used according to the needs of the instructor and the learners.

Dr. Juliet V. Miller was project director for this effort, which combined existing curricula into a total kit and disseminated the materials nationally. She was assisted by Jill Frymier Russell and Leila Hutchison. Cathy Kendall provided secretarial skills to the project.

Prior to publication, the *Instructor's Guide* was reviewed by five individuals: Marian Actin of the Ohio Commission on Aging, Terry Budlong of the Central Ohio Area Agency on Aging, Dr. James Hamilton of the National Center, Sister Mary Ann Mulligan of Ohio Dominican College, and Mary Sullivan of the Ohio Commission on Aging. Their input was most useful and their suggestions were taken into account during development of the final version of the publications. The assistance of the Ohio Commission on Aging, which cooperated fully with the National Center, is also appreciated.

Robert E. Taylor
Executive Director
The National Center for Research
in Vocational Education

Ohio
Ohio Commission on Aging
50 WEST BROAD STREET, 9TH FLOOR
COLUMBUS, OHIO 43215
(614) 466-5500

James A. Rhodes
Governor
Martin A. Janis
Executive Director

June, 1981

Dear Colleagues:

The Ohio Commission on Aging is pleased that "Working With Older People: Simulations for Practitioners," has been selected by the Administration on Aging for national dissemination. Resulting from extensive research, these materials will enable you to simulate realistic settings involving the practitioner and older persons. As a result, they provide practical and relevant training for persons who work directly with older people.

It is our hope that you will use these resources, in conjunction with the Performance Based Teacher Education modules from the National Center for Research in Vocational Education, to strengthen and improve your training program. The total package of materials will help you and others to serve older persons with even greater skill, sensitivity, and effectiveness than before, always preserving their dignity and personal rights.

Sincerely,

Martin Janis

Martin A. Janis
Director

MAJ/mla

EXECUTIVE SUMMARY

As an individual interested in improving the skills of those working with older people, you aim to provide relevant learning experiences for staff and students who deal with older people. *Working with Older People: A Resource Kit* will help you to carry out training that is practical and designed to meet the needs of your workshop or course participants. The goal of these curriculum materials is to help the learner develop the interpersonal skills needed for effectively dealing with the problems that may be encountered when working with an older person.

Simulation is the primary instructional technique used in these training materials. This method allows the learner to practice the skills and behaviors (in a safe environment) that will be helpful to them on the job. Simulation, as an instructional technique, may be unfamiliar to some instructors or trainers who are interested in using this curriculum package. Therefore, three Performance-based Teacher Education (PBTE) modules are included within this resource kit to increase the trainer's skill in using the simulation methods and other techniques. The total resource kit includes:

- *Instructor's Guide*
- *Working with Older People: Simulations for Practitioners* (a set of forty-three simulations and accompanying discussion questions)
    - Fifteen simulation films (within three film cans)*
    - One slide/tape presentation for orientation of trainees, staff, or students*
- Three PBTE modules concerning simulation, group discussion, brainstorming, and other techniques

The simulations within *Working with Older People* are based on fifteen of the most common problems encountered by workers who spend much of their day with older people. The simulations are set in a variety of work settings and are appropriate for both paraprofessional workers and professional personnel. Students in a wide range of disciplines also can benefit from exposure to the simulations and the accompanying debriefing exercises. You can select the simulations that are most appropriate for your group of learners because the simulations are independent of each other. For example, you may use one simulation per week in an ongoing course for psychology students, or you might use five of the simulations interspersed throughout a two-day, inservice workshop for outreach practitioners.

The PBTE modules are self-paced materials designed to enhance your skills in the use of simulation, brainstorming, and group discussion. All of these instructional techniques are needed to use *Working with Older People*. You will be able to improve your instructional capability while you are conducting a unique learning experience for your staff, students, or trainees.

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* See page v for information about accessing the films and the slide/tape presentation if they are not currently available to you.

This resource kit stands alone; it is not necessary to locate additional reference materials or experts in gerontology to conduct training. You can direct these activities with a minimal amount of preparation time. Learning is guided by the participation in the simulated problems and through the discussion questions that reflect problem-solving processes. The learners will be actively determining the best ways to work with older people and will benefit from the experience and ideas of their peers.

Working With Older People

Instructor's Guide

THE NATIONAL CENTER
FOR RESEARCH IN VOCATIONAL EDUCATION
THE OHIO STATE UNIVERSITY
1960 KENNY ROAD · COLUMBUS, OHIO 43210

In cooperation with
The Ohio Commission on Aging
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INTRODUCTION

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OVERVIEW OF THE INSTRUCTOR'S GUIDE

Goal

Using the resource kit, you will design and deliver training that will help those who work with older people develop skills for handling the difficult problems encountered on the job.

Enabling Objectives

1. After completing section 1 of the *Instructor's Guide*, you will understand the common problems faced by those who work with older people.
2. After completing section 2 of the *Instructor's Guide*, you will have reviewed and selected those problem areas that are most relevant for use in training activities with your staff, students, or trainees.
3. After completing section 3 of the *Instructor's Guide*, you will develop a written plan for using this resource kit to deliver training to your staff, students, or trainees.
4. After completing section 4 of the *Instructor's Guide*, you will develop a plan for using the Performance-based Teacher Education modules to strengthen the skills needed to conduct this training program for your staff, students, or trainees.

Resources

All of the materials you will need to conduct this training are included within this resource kit. Following is a listing of the different components of the kit that you will use to complete each of the four sections of this *Instructor's Guide*.

Section 1 — *Working with Older People: Simulations for Practitioners*
Section 2 — *Working with Older People: Simulations for Practitioners*
Section 3 — *Working with Older People: Simulations for Practitioners*
Section 4 — The three PBTE modules:
  a. *Employ Simulation Techniques*
  b. *Employ Brainstorming, Buzz Group, and Question Box Techniques*
  c. *Conduct Group Discussions, Panel Discussions, and Symposiums*

SECTION 1

UNDERSTANDING THE COMMON PROBLEMS OF WORKING WITH OLDER PEOPLE

Working with older people can be challenging and rewarding. It can be satisfying to know that you are helping individuals live more comfortably or that you are helping them expand their horizons. Yet, working with older people also can be frustrating. Some older persons' situations are so complicated that you are unable to help the way you would like to. Other times there are obstacles that prevent you from assisting the older person. Many situations can occur that cause workers to feel inadequate, angry, or sad as they try to do their jobs.

Research conducted during the development of these materials has identified fifteen of the most common and most distressing problems that workers encounter when assisting older people. Those problems of older persons that are difficult for workers to handle include the following:

1. Coping with bureaucracy
2. Dealing with family members
3. Depression
4. Coping with the death of others
5. Getting along with others
6. Refusing offered solutions
7. Losing contact with reality
8. Coping with health problems
9. Coping with poverty
10. Coping with loss of independence
11. Being overly dependent upon the agency service
12. Acknowledging agency or personnel restrictions
13. Recognizing an emergency
14. Being in an unsanitary condition
15. Losing friends, family, or roles

Notice that these fifteen problems are the situations causing difficulty for the worker, not necessarily for the older person; although some are problems for both the older person and the worker. For example, being in an unsanitary condition might not bother the older person, but it can be dangerous and the worker sees it as a problem.

STOP HERE You can better understand these fifteen problems by reading the comments made by the workers who were surveyed in the original research. These quotes show how the workers felt and provide specific examples for each problem area. Turn to the *Working with Older Persons: Simulations for Practitioners* sections of this notebook and read page 7 to page 11. When you have finished, return to this place in this *Instructor's Guide.*

As you probably noted while reading the problem statements, there are many problems that workers encounter when trying to help older people. Workers need to learn how to deal with these problems. There are many solutions. Sometimes the worker can take action to resolve the problem; other times they need to deal with their own feelings. It is important to provide experiences for workers that will help them identify and implement alternate solutions to these common problems of working with older people.

Training is one way to help workers create solutions for these types of problems. Other ways to handle problems are as follows:

- To change rules or regulations
- To make use of volunteers
- To change the clients' situation
- To hire more highly trained or experienced personnel
- To change work procedures or service delivery patterns

Any one of these alternatives may be helpful, but sometimes training will be the most appropriate course of action. When the decision has been made that training is needed to change the attitudes and skills of students or workers, there are many educational methods that can be used, such as individualized instruction, lecture, textbook reading assignments, tutoring, group discussion, field trips, demonstrations, and instructional films.

The goal of training is to improve the learner's skills and abilities in solving the problems of working with older persons. Simulation is an effective method that helps the learner experience what it is like to be in a given situation and practice skills needed in the situation. It permits the learner to experience a difficult problem in a safe environment. Next they can consider alternative solutions to the problem and think about how their own values relate to the problem situation. Simulation and group discussion are the methods used in *Working with Older People.*

You may wish to read pages 3 through 6 of *Working with Older People* to obtain a better understanding of the usefulness of training and the appropriateness of simulation.

The content of training programs for workers who deal with older people should include several areas. Learners need to know about such topics as normal aging processes; legislation affecting older people; listening techniques; the procedures for completing necessary forms and applications; sociological theory regarding aging; the role of an advocate; and the social services delivery system. *Working with Older People* focuses specifically on the problems encountered in dealing with older persons. As you plan your training programs you will need to assess your learners' needs and provide additional learning experiences related to other training topics.

This *Instructor's Guide* and the PBTE modules will help you develop skills in using the simulation and group discussion methods needed to deliver training through the use of *Working with Older People.* The next section of this *Instructor's Guide* will help you to select those simulations that you will use in your training program.

STOP HERE Listed below are the fifteen common problem areas. Read them again, and on a separate piece of paper list an example of each of the problems from your own experience. When you have done this, go on to section 2 of this guide.

Problem Areas

1. Coping with bureaucracy
2. Dealing with family members
3. Depression
4. Coping with the death of others
5. Getting along with others
6. Refusing offered solutions
7. Losing contact with reality
8. Coping with health problems
9. Coping with poverty
10. Coping with loss of independence
11. Being overly dependent upon the agency service
12. Acknowledging agency or personnel restrictions
13. Recognizing an emergency
14. Being in an unsanitary condition
15. Losing friends, family, or roles

SECTION 2

SELECTING PROBLEM AREAS FOR YOUR TRAINEES

This resource kit includes forty-three simulations that are based upon the fifteen problems described in section 1. Since the simulations are independent of each other, you can organize the training to use those simulations that are most relevant to your learners.

These materials can be used for preservice education, an orientation for new employees, or staff development for established workers. Students may be enrolled in one of several disciplines: psychology, social work, sociology, nursing, education, or recreation, for example. Based on the learner's specific interests, you can select those simulations that deal with the problems they are likely to encounter. A psychology student might be interested in simulating the situations in which an older person is losing contact with reality. A recreation student would be most interested in those problems that occur in group settings. Nursing or health technology students would need experience with those problems that involve an older person with ill health.

When designing orientation training for new employees, you may wish to expose learners to samples of the types of problems they may encounter. Another strategy is to select those simulations most closely related to the new employee's job description. The educational preparation and past work experience of both new employees and established workers will determine which simulations can be most effective. It is important to know as much as possible about your trainees or students to select the simulations that will be most relevant.

STOP HERE If you know in advance those who will be participating in your training session or course, list their names on a sheet of paper and indicate their background characteristics in the following categories:

1. Status—student, new employee, established worker
2. Work experience—senior center nursing home, information and referral agency
3. Subject matter specialty—psychology, social work, nursing, education
4. Professional attainment—high school diploma, associate degree, bachelor's degree, master's degree
5. Clientele—work only with older people, or work with persons of all ages, some of whom are elderly

Whether or not you have access to this information about your trainees or students, you should conduct some form of needs assessment so you can select the most appropriate simulations. Following is a suggested needs assessment form to collect information that will help you plan.

TRAINING NEEDS ASSESSMENT FORM

1. Please check the top five problems that you find difficult to handle when working with older people.

☐ Coping with bureaucracy
☐ Dealing with family members
☐ Depression
☐ Coping with the death of others
☐ Getting along with others
☐ Refusing offered solutions
☐ Losing contact with reality
☐ Coping with health problems
☐ Coping with poverty
☐ Coping with loss of independence
☐ Being overly dependent on the service
☐ Acknowledging agency or personnel restrictions
☐ Recognizing an emergency
☐ Being in an unsanitary condition
☐ Losing friends, family, or roles

2. Please check the work setting in which you encounter the most problems.

☐ Older person's home on a one-to-one basis
☐ Group setting, such as a senior center or nutrition site
☐ Outside the older person's home on a one-to-one basis
☐ Telephone services for older people

3. Please check the description of how you spend most of your work day.

☐ With older people
☐ Supervising staff who work with older people
☐ Both of the above
☐ With older people and with other age clients
☐ Other (describe) ______________________________

As you can see, this questionnaire is designed to be completed by the prospective learner. The data can be collected in a number of ways, including the following:

1. Send the questionnaire to your students, trainees, or staff for their completion prior to the training session.
2. Administer the questionnaire during the first training session.
3. Confer with others who know the trainees or students (e.g., coworkers or supervisors).
4. Generalize from similar groups whom you have taught or with whom you have worked.

STOP HERE Develop a plan for conducting your needs assessment including (1) who you will survey and (2) when you will survey. Continue reading this section to learn how to use your needs assessment results to choose specific simulations for your training program.

When the data have actually been collected, you will summarize them on the Simulation Selection Form that follows and consider several additional factors. This form is a planning tool for your own purposes.

STOP HERE Tally the data from the needs assessment forms that you collected from your staff, students, or trainees. Next, review your list of trainees and their background characteristics (the activity you completed on page 9 of this guide). Third, complete the following Simulation Selection Form.

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SIMULATION SELECTION FORM

1. Summary of trainees' or students' background characteristics.

   a. Status – Indicate the proportion of learners who are:

   students ______, new employees ______, and established workers ______.

   b. Work Experience – List the types of work presently being done by staff or to be done in the future by students.

   ____
   ____
   ____
   ____

   List the types of past work experiences of the learners.

   ____
   ____
   ____
   ____

   c. Subject Matter Specialty – List all the subject matter specialties represented by the learners.

   ____
   ____
   ____
   ____

   d. Professional Attainment – Indicate the proportion of learners who have received (at the minimum):

   high school diploma ______, associate degree ______, bachelor's degree ______, master's degree ______, or other relevant training ______.

   e. Clientele – Indicate the proportion of students and staff who do or will work:

   only with older people ______, or with people of all ages, some of whom are elderly ______.

Simulation Selection Form, continued

2. Indicate the number of individuals who checked each of the following problem areas:

_____ Coping with bureaucracy
_____ Dealing with family members
_____ Depression
_____ Coping with the death of others
_____ Getting along with others
_____ Refusing offered solutions
_____ Losing contact with reality
_____ Coping with health problems
_____ Coping with poverty
_____ Coping with loss of independence
_____ Being overly dependent on the agency service
_____ Acknowledging agency or personnel restrictions
_____ Recognizing an emergency
_____ Being in an unsanitary condition
_____ Losing friends, family, or roles

3. Indicate the number of individuals who checked each of the following work settings:

_____ Older person's home on a one-to-one basis
_____ Group setting, such as a senior center or nutrition site
_____ Outside the older person's home on a one-to-one basis
_____ Telephone services for older people

4. Indicate the number of individuals who checked the following descriptions of how they spend their time:

_____ With older people
_____ Supervising staff who work with older people
_____ Both of the above
_____ With older people and other age clients
_____ Other (describe) ____

5. Indicate the three simulation formats that you, as instructor, prefer most:

_____ Films (brief movies depicting a problematic situation)
_____ Role plays (roles for several people to act out using their own words)
_____ Narratives (a described problem)
_____ In-basked memos (a report or memorandum to a supervisor about a problem encountered when working)
_____ Playlets (a scripted scene, which may be acted out)

Now that you have summarized information about your trainees and students and have considered their needs, you can select the specific simulations that will be best for your training session or course. The chart on pages 20 and 21 of *Working with Older People: Simulations for Practitioners* will facilitate your selection.

STOP HERE Turn to page 20 of the simulation materials. While examining the chart, identify and list those titles and page numbers of the simulations that are most responsive to the needs of your group of trainees, staff, or students. Now look up the page numbers of each simulation and the debriefing questions. If you selected films you can read the script, which is provided in the printed simulation materials, but you should also preview the actual films, if possible.

After reviewing the simulations, list each one that you think you would like to use in your training session.

You may use this same process again for selecting the best simulations or for obtaining more complete needs assessment information about your trainees as you plan later training sessions.

SECTION 3

DEVELOP A PLAN FOR THE USE OF THE RESOURCE KIT

By this point in the *Instructor's Guide,* you have learned about the common problems of working with older people and have selected those problems that are most relevant for your training audience. This section will help you develop a plan for using the simulation materials in a training program.

Description of the Simulation Materials

Working with Older People: Simulations for Practitioners is a self-contained package of training materials. It includes forty-three simulations of problems encountered when working with older people. Each simulation has an accompanying set of discussion or debriefing questions. The questions guide the participants through problem-solving steps and an examination of values. The simulations are in five formats: films,* role plays, narratives, in-basket memos, and playlets. The package is designed to be flexible and adaptable to your needs, so you can select the simulations that deal with the situations most pertinent to your training audience. In addition, the package includes an orientation slide show* to familiarize the participants with the training format. Also included are directions for use, information about the developmental research used to develop the package, the rationale for the approach, and a bibliography of related materials.

STOP HERE Look through the contents of *Working with Older People: Simulations for Practitioners.* Read the overview on page 1. Make note of the sections you will want to read in greater depth later. Also examine, if available to you, the films and slide/tape presentation.

The objectives of *Working with Older People* are as follows:

- To provide practice in solving the more difficult types of problems
- To clarify values regarding the elderly
- To apply theory to problem situations

The materials will help your learners to do the following:

- Become familiar with the more common problems they might encounter
- Be aware of alternative ways of handling the problems and possible consequences
- Practice dealing with the problems of working with older people
- Realize that their own beliefs and values about the issue at hand need to be recognized

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* See page v for information about accessing the films and the slide/tape presentation if they are not currently available to you.

- Consider how theory applies to practical situations
- Know the steps involved in solving new problems they may encounter
- Realize that their coworkers also become frustrated at times as they try to do their jobs

The materials do not provide "right answers" regarding how to solve the problems that are simulated. The participants of the training experience will need to determine their own "best" responses as individuals, and as part of a group. You, as the instructor, can help with this process by offering your opinions. You might also wish to bring in experts or consultants to offer their views on the most appropriate ways to solve the problems.

Developing Your Training Plan

The purpose of the simulation materials, as noted earlier, is to provide practice in problem-solving, to clarify values about older people and their problems, and to apply theory to problem situations. If these are the main goals of your training you may wish to use the simulation materials without further resource materials.

If you have additional training goals, your training will need to include other activities. For example, you may want your students, staff, or trainees to understand current theory and facts about death and dying, as well as to have the ability to deal with situations involving death. If you have a one-day workshop, you might have an hour presentation of current theory and research findings, followed by one of the simulation exercises related to this subject. Next you could have a film on the subject of hospices, followed by another simulation exercise. The day could conclude with a panel discussion about personal experiences in helping an older person cope with death. In this way you would have conveyed information about death as well as provided practical experience in handling related problems.

STOP HERE Turn to page 15 of *Working with Older People* to read the description of how these simulation materials fit into the larger gerontological learning scheme.

Before conducting your training, you will need to have a training plan that includes at least the following components:

- Training goals
- Instructional plan (the simulations you will use and any other activities you will include)
- Training schedule
- Trainee recruitment/selection plan
- Pretraining communication with trainees or students
- Training facility (room reservation and furniture arrangement)
- Resources (equipment, materials, or resource people)
- Evaluation plan

STOP HERE Review the brief description of the death and dying workshop above. Now read through the sample training plan form for that same workshop. It is a three-page form that begins on the next page of this guide.

SAMPLE

TRAINING PLAN FORM

One-Day Death and Dying Workshop

1. Training Goals

Content goals (facts and ideas)

A. Familiarity with current theory and research regarding death and dying

B. Knowledge of behavior patterns of dying persons and their family and intimates

Process goals (new ways of doing things)

C. Awareness of common problems of working with dying and grieving persons

D. Ways of dealing with dying or grieving persons

2. Instructional Plan

Training activities involving simulation

A. "Bertha's Friend" – a playlet: grieving for a friend and worrying about own impending death

The playlet will be demonstrated in front of the group by two individuals who are prepared ahead of time to demonstrate an insensitive way of handling the situation.

B. "The Phone Call" – a role play: depression and potential suicide

In small groups, all participants will do the role play and have their discussion. A large group discussion will follow.

C. "Margaret's Sister" – film: grieving for a sister

All will view the film, form their individual reactions, go into small groups for discussion, and then meet as a large group.

Other training activities

A. Lecture on theory and research

B. Hospice film

C. Panel presentation with participants who have experience with dying persons

3. Training Schedule

Date(s) *May 14, 19 ___*

Time *8 a.m. – 5 p.m.*

Agenda and sequencing of events for the workshop or course

8:00 – 8:30 – Registration and coffee
8:30 – 9:00 – Welcome and introduction
9:00 – 10:15 – Lecture and question-and-answer period
10:15 – 10:30 – Break
10:30 – 11:00 – Playlet demonstration (Bertha's Friend) with debriefing discussion
11:00 – 11:45 – Hospice movie and question-and-answer period
11:45 – 1:00 – Lunch
1:00 – 1:15 – Orientation slide show for "Working with Older People"
1:15 – 2:15 – Film (Margaret's Sister) with debriefing discussion
2:15 – 3:30 – Panel presentation with question-and-answer period
3:30 – 3:45 – Break
3:45 – 4:30 – Role play (The Phone Call) with debriefing discussion
4:30 – 5:00 – Wrap-up and evaluation
5:00 – Adjournment

4. Identification, Recruitment, and Selection of Participants

- *Develop and distribute brochures through all local agencies funded by the area agency on aging*
- *Set a top limit of sixty participants*
- *Require preregistration with first priority to practitioners, second to administrators, third to remaining agency staff*

5. Pretraining Communication

- *Cover letter to agency directors to advertise the workshop, which include preregistration forms*
- *Preregistration form, which includes basic participant information, some aspects of a needs assessment, and a pretest*
- *All forms must be submitted two weeks prior to the workshop and a check for the lunch needs to be included*

6. Facility Arrangements

- *Reserve a meeting room to hold sixty people, plus three additional breakout rooms (a college campus might have free space)*
- *Have movable tables and chairs. When first set up, the tables should have chairs on only one side, facing the speakers' table.*

Training Plan Form, continued

7. Resources

Money	*for film rental, refreshment breaks, lunches, speaker honorariums, materials being duplicated*
Resource people	*a lecture speaker, panel presenters, person to conduct question-and-answer periods and to moderate the entire workshop*
Equipment	*16mm projector, film screen, slide-tape equipment*
Materials	*lecture handouts, handout regarding helpful agencies for referral, simulation materials, handouts, brochure about hospices*

8. Evaluation Plan (did you accomplish your training goals?)

There will be a pretest and posttest and a participant reaction form completed. The results will be compared to assess the impact of the workshop.

Pretest – the preregistration form will include a pretest component with the following questions:

1. *What familiarity do you have with death or dying (through reading, work experience, or personal experience)?*
2. *If confronted with a grieving or dying person, would you feel –*
   - ☐ *you could truly be helpful to the extent possible;*
   - ☐ *you could be comforting and get them to qualified assistance;*
   - ☐ *you could be comforting, but not much more;*
   - ☐ *nervous;*
   - ☐ *you are totally inadequate and unprepared, and would try to avoid them?*
3. *Do you know the Kubler-Ross stages of dying? List them.*
4. *Do you know what a hospice is? Describe their purpose and functions.*
5. *What purpose does a funeral service serve?*
6. *What are typical grieving reactions?*
7. *What is most helpful for the dying person?*

Posttest – six weeks following the training

- *Repeat questions 2 through 7*

Participant Reaction – use form in Appendix B of "Working with Older People" *at the conclusion of the workshop day.*

Next you will be developing your own training plan.

STOP HERE Turn to page 15 of the simulation materials and read through to page 18. When you have finished, return to this point in the *Instructor's Guide.*

Following is a description of some of the factors to consider as you develop the components of your own training plan.

1. Training goals — Determine what you want your trainees, students, or staff to know or be able to do differently after completion of the training. If possible, state these goals in a manner so that their accomplishment could be demonstrated or measured.

2. Instructional plans — Determine what means and processes you will use to accomplish your training goals. If you feel an experienced-based form of learning would be most useful, you will want to use the simulation materials. You will then need to choose which formats you prefer (films, role plays, or playlets). Next you will outline exactly which steps you will use for each format and each debriefing. Remember that you need an introduction to the whole subject of simulation.

   If you will need other learning activities, such as a lecture or readings, they will need to be designed. Additional resource materials may need to be located.

3. Training schedule — Determine the sequencing and time length for each activity included in your training. Remember to vary the formats so that participants do not become bored. You may want to include refreshment breaks for sessions lasting more than two hours.

4. Trainee recruitment/selection — Consider the total population of individuals for whom your training is appropriate. Determine how they will be informed about your training and would apply to participate. Is the workshop or course open to all who enroll, or are there a limited number of training slots?

5. Pretraining communication — Plan your needs assessment activities and the time you will need to carry them out. Determine what points of information about your training that you would like to have conveyed in any promotional materials. Decide if preregistration is needed. Consider how you will use the preregistration information if it is available.

6. Training facility — Determine where your training will be conducted. You may want the site to be accessible to handicapped and to have adequate parking available. Inside the building, you will need adequate space for the whole group to meet and for small groups to meet when using the simulation materials. Furniture will need to be movable or at least not difficult to arrange in a pattern conducive to group discussion.

7. Resources — List all equipment, materials, and persons that you need to make your training most effective. Consultants (whether paid or not) can be helpful in presenting information or in reacting to group conclusions.

8. Evaluation plan — If you want to know if your training accomplished its goals, you will need to design some form of evaluation. Your evaluation should answer the questions: What did the trainees learn? What did the trainees *not* learn that they should have learned? The evaluation should be planned prior to the training so that it can fit in with the other activities and so that the needed information can be collected at the best times. You may wish to have participants'

reactions at the conclusion of the training session or sometime after the session. You may wish to have pretests and posttests that measure learning. There are many ways you may evaluate your training. The main point is to assess if your process and content goals were achieved, and why or why not.

STOP HERE Now you will plan your own training. Copy the blank Training Plan Form and complete it for your training program. When you have finished, return to this point in the *Instructor's Guide.*

You now have your completed training plan. Section 4 will help you develop the skills needed to conduct your training program. It will explain how you can improve your instructional skills by using the three Performance-based Teacher Education (PBTE) modules that are included in this resource kit.

TRAINING PLAN FORM

1. Training Goals

Content goals (facts and ideas)

Process goals (new ways of doing things)

2. Instructional Plan

Training activities involving simulation

Other training activities

Training Plan Form, continued

3. **Training Schedule**

Date(s)

Time

Agenda and sequencing of events for the workshop or course

4. **Identification, Recruitment, and Selection of Participants**

5. **Pretraining Communication**

6. **Facility Arrangements**

Training Plan Form, continued

7. **Resources**

Money

Resource People

Equipment

Materials

8. **Evaluation Plan (did you accomplish your training goals?)**

SECTION 4

DEVELOP PLAN FOR USE OF PBTE MODULES

Description of PBTE Modules

There are three Performance-based Teacher Education (PBTE) modules included in this resource kit:

C-2 *Conduct Group Discussions, Panel Discussions, and Symposiums*
C-3 *Employ Brainstorming, Buzz Group, and Question Box Techniques*
C-5 *Employ Simulation Techniques*

Each module is included in this kit because it contains instruction on appropriate methods for use with the simulation materials, *Working with Older People.* By using the modules, you can gain skills or improve the skills that you will need in conducting training workshops for persons who work with older people.

Each of the PBTE modules is designed to enable you to learn skills or improve your skill in the competency (instructional method) that it covers. For example, the module entitled *Employ Simulation Techniques* presents information on simulation methods and provides you with practice in using them. The practice activities are a series of required and optional exercises that simulate the actual skill that you are learning in a real situation. As you perform the practice activities, feedback on your performance is provided in the module through self-checks, model responses, or checklists. The final experience of the module gives you an opportunity to improve skills in an actual training situation. You are asked to perform the skills you have learned while a "resource person" checks and evaluates your performance using the Teacher Performance Assessment Form (TPAF). Even if you do not have access to a resource person you can still learn a great deal by reading the information and performing the exercises.

STOP HERE Review the basic contents of Module C-5, *Employ Simulation Techniques,* to familiarize yourself with its contents. When you are finished, return to this point in the *Instructor's Guide.*

The other two modules, *Conduct Group Discussions, Panel Discussions, and Symposiums* and *Employ Brainstorming, Buzz Group, and Question Box Techniques,* are constructed exactly the same way as *Employ Simulation Techniques.*

All of the PBTE modules are modularized to be extremely flexible and adaptable to the user's needs. They are designed to build skill in the areas that you will need as the trainer. You may select optional activities that are suited to your needs, or even select only part of a module for use in improving your skill in a particular area. For example, in Module C-2, *Conduct Group Discussions, Panel Discussions, and Symposiums,* you may opt to select the reading and learning activities pertaining to group discussions only, because that is the method you will use in your training program.

STOP HERE The material on group discussions is found on pages 9-11 of module C-2, pages 21-26 of the practice activities, and items 1-14 of the TPAF, pages 41 and 42. Look at these sections of module C-2.

The PBTE materials allow you to proceed through the learning experience at your own pace. You should be able to complete the module activities and the final experiences in a much shorter length of time than that recommended on the overview page of the final experience. For an example, see page 39 of module C-2. Four to six weeks in an actual school setting is recommended for completion in the activity note, but it will probably take less time to complete for your purpose.

The PBTE materials are also written to "stand alone." You can and, in most cases, should pick up the three modules and learn the skills presented in each one with no other outside resources except the resource person, if available, and an actual training setting for the final experience.

Your resource person is someone who is competent in the training skill that the module presents. Ideally, your resource person would be your work supervisor or a teacher of education. However, you might not have access to a person like this who can supervise your learning experience and rate your performance. In that case, you might need to enlist the help of a peer. If there are no peers available, you might arrange to have your actual performance videotaped for your own review. You can then use the Teacher Performance Assessment Form to determine whether you have performed the skill adequately according to the provided checklist.

An actual training setting for the final experience could be a workshop, a seminar, a classroom, or a conference in which you actually use the competencies that you have mastered in presenting *Working with Older People.*

Instructions for Use of PBTE Modules

Each of the three PBTE modules that you will be using contains an overview page entitled "About This Module." (See page 4 of module C-2 for an example.) In the "About This Module" page, the objectives, prerequisites, and resources are listed for each learning experience in the module. The prerequisite competency for each of the three modules is skill in developing a lesson plan. In completing section 3 of this *Instructor's Guide* you have been developing the equivalent of a lesson plan—your training plan.

These three modules are designed to allow you to individualize your personal training experience. You need to use only those modules covering skills that you do not currently possess. Also, you do not need to complete any learning experience within a module if you already have the skill needed to complete it. To evaluate your own skills in terms of the competencies presented in the three modules, you should carefully review: (1) the introduction, (2) the objectives listed on page 4, (3) the overviews preceding each learning experience, and (4) the final experience.

STOP HERE Review these sections of module C-2, keeping in mind your own skills and competencies. When you have finished, return to this point in the *Instructor's Guide.*

After comparing your present needs and competencies with the information you have read in these sections, you should be ready to make one of the following decisions:

- You do not have the competencies indicated and should complete the entire module.
- You are competent in one or more of the enabling objectives leading to the final learning experience, and thus can omit those learning experiences.

- You are already competent in this area and ready to complete the final learning experience in order to "test out" on the competency that it covers.
- The module is inappropriate to your needs at this time.

When you are ready to take the final learning experience you should have access to an actual training situation, ideally the one in which you will be using the *Working with Older People* simulation materials. You should have identified a resource person, if possible, when beginning the first learning experience, and have arranged for this person to view your performance and evaluate it using the Teacher Performance Assessment Form. If you are unable to locate someone to act as a resource person, it is still possible to use a videotape of your performance as a vehicle for self-assessment. This is not ideal; however, you can use the TPAF to assess your own performance. If you do not complete the final experience successfully, meet with your resource person and arrange (1) to repeat the experience, or (2) complete (or review) previous sections of the module or other related activities suggested by your resource person before attempting to repeat the final experience.

Options for repeating activities are also available in each of the learning experiences preceding the final experience. Any time you do not meet the minimum level of performance required to meet an objective, you and your resource person may meet to select activities to help you reach competency. This could include: (1) completing parts of the module previously skipped; (2) repeating activities; (3) reading supplementary resources or completing additional activities suggested by the resource person; (4) designing your own learning experience; or (5) completing some other activity suggested by your resource person.

Planning to Use the PBTE Modules

In planning to use the three PBTE modules, your goal will be to increase or gain instructional competencies while you are preparing to train and are actually training others using the *Working with Older People* simulation materials.

Step one is to determine your own needs for skill development in the competencies covered in the three PBTE modules. The first consideration that you will have in determining your needs is to decide what your goals are for training your staff, students, or trainees to work with older people. Knowing your goals for training will help you to focus on the materials presented in this resource kit that are relevant to your needs. For example, one of your instructional goals might be to train your staff to work more effectively with older people who have nutritional problems.

STOP HERE Refer to the instructional goals that you developed in section 3 for training your staff, students, or trainees.

Step two is to select the modules, and the learning experiences within each module, which apply to the training goals that you have set. You will select the modules according to—

(1) the instructional goals that are required by your training goals;

(2) your self-assessment of your own present level of instructional skills and need for improvement in the required skill areas.

For example, if one of your training goals is to assist your staff in dealing more effectively with elderly people who have nutritional problems, one of the methods that you might use could be group discussion. Since conducting group discussions is one of the skills covered in module C-2, you would then look at C-2 to determine whether you have already developed skill in the competencies involved in conducting group discussions. (To do this you should look at the introduction, the objectives, the overviews preceding the learning experiences relevant to conducting group discussions, and the final experience of module C–2.) If you decide that you need to develop your competency in conducting group discussions further, you can then plan to use module C–2 in preparing a training session on dealing effectively with the nutritional problems of older people.

STOP HERE Review the three PBTE modules to determine which modules and learning experiences are relevant to (1) your instructional goals, and (2) your own skill needs. List the modules and learning experiences that you have selected.

Step three is to locate a resource person who will assist you in learning the competencies covered in the learning experiences you have selected. It would be best to have your work supervisor or a teacher educator act as your resource person. Your resource person should have competence in the instructional skills that you have selected in your instructional plan (step two).

STOP HERE Locate a resource person who will be able to assist you in gaining competency in the instructional skills that you have selected for your instructional plan. Your resource person should have the instructional skills that you wish to learn or at least should be willing to gain them in order to supervise you effectively.

Step four is to meet with your resource person in order to determine what the actual training situation(s) will be for the final experience(s) of the module(s) with which you have chosen to work. An actual training situation could be an inservice training workshop for staff members or an informal meeting in the community in which you present the portions of the resource kit using the skills that you have learned in the selected PBTE modules. It will be necessary, however, to demonstrate the skills that you have learned in the actual training situation so that your resource person can evaluate your performance adequately. (See module C–2, page 39, the activity note, for an example of the documentation that is required for the final experience.)

Step five is to make out a schedule of activities with the assistance of your resource person, which will include all of the selected learning activities for the modules that you will use. The feedback activities on your performance should be incorporated into the schedule so that your resource person has adequate time to provide instruction, correction, and evaluation as needed. The final experience should be also scheduled. You should discuss with your resource person how much time should be required for the final experience in order to fully test your mastery of the competencies.

STOP HERE Meet with your resource person to arrange an actual training situation for your final experience(s). Ideally the final experience should be geared to presentation of the *Working with Older People* simulation materials. With the assistance of your resource persons you should also make out a schedule of your activities including all of the learning experiences for the modules that you plan to use in building your instructional competencies. If you cannot locate a resource person to help, you should determine for yourself the schedule and how to ensure that you have gained the desired skills at the completion of the module.

The final result of your instructional plan for the use of three PBTE modules will be a written outline of your goals, selected learning experiences, actual training situation, and a schedule of activities that you will undertake with your resource person. The written outline of your instructional plan will serve as a framework for your own "inservice" development as you work to improve/gain instructional competencies for the purpose of teaching others how to work with older people.

SUMMARY

Now that you have read this *Instructor's Guide* and completed the activities that it outlines, you should be prepared to offer training that will help students of aging or workers who deal with older people.

You now understand the common problems of those who work with older persons because:

- you read the results of research that asked practitioners about those problems and reviewed actual quotes describing difficult situations;
- you considered alternative ways of responding to problems—training being one way; and
- you generated examples from your own experience to illustrate each of the fifteen problem areas.

You assessed the needs of those who you will be training and selected simulations for use in your training by:

- considering the background characteristics of your students, staff, or trainees;
- collecting needs assessment data from those you will be training;
- completing a Simulation Selection Form;
- examining the chart that describes the essential components of the simulations; and
- reviewing the actual simulations and accompanying debriefing questions.

You developed a training plan as a result of:

- learning about the simulation materials package and its directions for use;
- reviewing a sample training plan for a death and dying workshop;
- considering the factors important to each aspect of your training plan (goals, schedule, pretraining communication, facility, evaluation, and so on);
- reviewing the simulations you selected earlier; and
- completing your own Training Plan Form.

You also developed a plan to improve your instructional skills because you:

- acquainted yourself with the Performance-based Teacher Education Modules;
- determined your own needs for skills development;
- selected the modules or portions of modules that you wanted to complete;
- located a resource person (if possible) to help you;
- chose a "final experience" to demonstrate your competencies; and
- developed a schedule of activities to complete the learning experiences, feedback activities, and final experience.

Best of luck in conducting your staff development effort, teaching your students, or otherwise improving the skills of those who work with older people.

Working With Older People

Simulations for Practitioners

THE NATIONAL CENTER
FOR RESEARCH IN VOCATIONAL EDUCATION
THE OHIO STATE UNIVERSITY
1960 KENNY ROAD · COLUMBUS, OHIO 43210

In cooperation with
The Ohio Commission on Aging
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Working With Older People
Simulations for Practitioners

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OVERVIEW

Working With Older People is a package of simulation style training materials designed for workers in the field of aging. The materials (films, role plays, narratives, etc.) present situations which workers have reported as difficult to handle. With these materials learners can experience problems in a safe environment. The training is practical and oriented towards problem solving. No "right answers" are provided because real life does not usually offer judgement on the rightness or wrongness of decisions. However, the group processes involved in the use of these materials can help an individual in determining whether they think a particular response is correct for a given situation. The objectives of *Working With Older People* are:

(1) to provide practice in solving the more bothersome types of problems,
(2) to clarify values regarding the elderly, and
(3) to apply theory to problem situations.

Following is an explanation of what it is like to participate in *Working With Older People*.

> As the participants enter the room, they usually have some ideas as to what will happen that day. Whether the notions of "problem solving" or "simulation" have actually been introduced or only referred to, they probably expect active involvement in the learning process. The instructor or trainer briefs those present about what will happen and an orientation slide show sets the stage for the upcoming simulations. Then the first simulation is presented. It may be in one of several forms; film, role play, or narrative. Participants have a chance to consider individually how to handle the problem situation. Next, in small groups they discuss various aspects of the problem and alternative solutions. As a final activity the groups are rejoined and each presents their conclusions.

Working With Older People is modular and flexible and may be used as desired by the instructor. This document includes a description of the research behind these materials; the instructions and suggestions for use; and the printed simulation materials. In addition, a bibliography of materials relevant to training workers in aging is included.

WHY SIMULATION?

All people learn in many ways, every day of their lives. Some of what is learned is forgotten immediately and other ideas and experiences are retained permanently. People tend to remember that which is relevant to them. When conducting a formal educational experience for a group of individuals, teachers should be aware that the more significant the content is to each individual in the audience, the more likely it will be remembered and integrated. Although real life situations are most relevant, real life is not always structured to allow time to think about the consequences of each action. People do not have the opportunity to stop the world and consider the best response when experiencing an unusual situation. For example, if confronted by someone who is trying to describe their feelings about a difficult experience, it is easy to say, "Oh, everything will be alright soon;" unfortunately, everything may not be alright soon, or ever. The opportunity to learn from real life may be side-stepped.

Since real life is not usually structured to facilitate what needs to be taught, an alternative is the use of simulation. "A simulation is a working model of an object or situation . . . A social simulation is a representation of a situation involving human interaction."[1] An example which illustrates how simulations are used to teach is SIM-ONE, an artificial human body on which anesthesiologists practice surgical techniques. The "body" reacts to the doctor as would a real body, including muscle twitches, heart arrests, and pupil dilations. SIM-ONE is controlled by a computer and is used for training in lieu of real patients.[2] Another example is that of a student driver operating a driving simulator, an "electromechanical device designed to represent the driver's compartment of an automobile".[3]

Advantages of simulation are many. For example, simulations:

- provide a setting where theory and practice can be joined,
- force participants to take action and bear resultant consequences,
- are relatively safe,
- are psychologically engaging,
- permit control,
- broaden the training horizon,
- are relevant,
- permit the student to be himself, and
- are effective.[4]

A number of studies have attempted to measure the impact of simulation as a teaching method. In general, the results are inconclusive; however, students usually enjoy simulation a great deal. Garvey indicates in one study that 93 percent of the population found simulation enjoyable, and Tansey and Unwin report that 98 percent of their group indicated that participation in the simulated experience was pleasurable.[5] The results of research on the effectiveness of simulation training are mixed. Some studies have shown no significant difference in learning between simulation and traditional means, while others have found that simulation can be a more effective means of teaching.[6]

In summary, simulation has usually been found to be at least as effective as traditional means of instruction. In addition, it offers the instructor an alternative approach and the students an enjoyable learning experience.

Although *Working With Older People: Simulations For Practitioners* simulates the problems faced by those working in the field of aging, simulations have also been developed which recreate specific aspects of what it is like to feel old. For example, aides and health professionals at the Dallas Home for the Jewish Aged participate in a program designed to increase understanding of how it feels when an individual experiences a sensory loss. Techniques used include wrapping Saran Wrap over swim goggles to produce the average vision of older people, wearing ear plugs and earmuffs to simulate hearing losses, and buttoning a shirt while wearing gloves to demonstrate decreasing agility.[7]

Simulations can provide valuable experiences which are unavailable normally. The knowledge and understanding gained from the experiences can help one to become a more effective individual when dealing with older people.

NOTES

[1] Livingston, Samuel A. and Clarice Stoll. "Life Career Game", *Simulation Games: An Introduction for the Social Studies Teacher*. New York: Free Press, 1973, p. 1.

[2] Cruickshank, Donald R. *Simulation as an Instructional Alternative in Teacher Preparation*. Washington, D.C.: Association of Teacher Educators and the ERIC Clearinghouse on Teacher Education, 1971, p. 1.

[3] Cruickshank, Donald R. *The First Book of Simulations and Games*. Columbus, OH: The Ohio State University.

[4] Cruickshank, Donald R. *Abstract: A Review on Utilization of Simulation in Teacher Education*. Columbus, OH: The Ohio State University.

[5] Tansey, P.J., and Derick Unwin. *Simulation and Gaming in Education*. London: Methuen Educational Ltd., 1969, p. 26.

[6] Tansey, P.J., editor. "Teacher Education Looks at Simulation: A Review of Selected Uses and Research Results", *Educational Aspects of Simulation*. New York: McGraw-Hill.

[7] Sehnert, K.W. "Put Yourself in Their Place", *Family Health*, April 1976.

RATIONALE

Working With Older People is a response to the need for practical training voiced to the Ohio Commission on Aging by participants in workshops and conferences. It is modeled after a package of teacher training materials entitled *Inner City Simulation Laboratory*[1] which simulate the problems an inner city elementary school teacher can be expected to face. The developmental process of *Working With Older People* involved: (1) researching the literature on the problems of working with older people, (2) conducting survey research with practitioners in the field, (3) creating the first draft of the simulated situations, (4) field-testing the materials, (5) making revisions, and (6) producing the final version. Throughout, an advisory committee composed of staff from various agencies which serve older people oversaw the development of the materials. In addition, several members of the Ohio Network of Educational Consultants in the Field of Aging were asked to provide advice and input.

An explanation of those concepts upon which *Working With Older People* was founded will help to clarify how the materials are intended to work. Two theoretical areas in particular which influenced the structure and content of *Working With Older People* are: (1) how people learn, and (2) why older people behave as they do. These subjects will be examined briefly from the author's viewpoint. Further bibliographic references can be found on page 147.

How People Learn

People learn differently. They learn by being, seeing, reading, listening, experiencing, reflecting and in many other ways. Although *Working With Older People* is focused on presenting experientally structured learning, the different formats (films, role plays, playlets, narratives and in-basket memorandums) provide a variety of diverse learning experiences. Five formats also expands the number of simulations which can be used with a group of participants during one session, because the variety of form increases interest.

People also learn by experiencing doubt and following up on that doubt by exploring, reflecting, and hypothesizing.[2] As *Working With Older People* presents situations, learners are intentionally presented with a difficult problem which they may not know how to handle. Exploring options and reflecting on those options are the next steps; followed by developing hypotheses for possible solutions.

Working With Older People is designed to serve as a link between theoretical conceptions of why older people behave as they do and the real-life experiences of being with an older person. In reality, when one is forced to act in a situation, often times a lengthy analysis of possible consequences cannot be accomplished. Conversely, when one is studying theory or facts regarding older people, a clear connection is not always evident regarding how to implement the given knowledge. Through the use of *Working With Older People* participants structure their own solutions and links between theory and practice. And, by formulating the answers in conjunction with peers, they can feel as though they have worked logically towards the knowledge.

Why Older People Behave As They Do

To delineate all factors influencing older people's behavior would be impossible. However, since so many myths abound in this culture regarding old age, those who deal regularly with older people must keep in mind that real people may not live by myths. The older woman who keeps stumbling may not be just clumsy, forgetful, and approaching senility; but rather may have suffered a small stroke. Those factors believed to be influencing a given behavior may not be relevant to the case in the least. When dealing with older people and trying to guess why they do something the way they do, it is a good idea to do a little research before jumping to conclusions.

Another fact to consider is that any person's behavior is primarily determined by past experiences. If a seventy-seven year-old gentleman has been highly authoritarian and dogmatic all his life, he will probably remain so in his old age. His bossy and closed-minded behavior is nothing new nor a result of the aging process, but a part of his personality.

Physical changes can affect older people's behavior also. If an older person can't hear others very well anymore, they may talk out of turn or on the wrong subject. People will look at them funny. Soon it is easier on their ego to stay at home. If an outreach worker invites them to come to the Senior Center, it is simpler to respond that they don't want to be with all those old people than to admit that it seems that people don't like them anymore.

Another influence on an older person's behavior may be their individual reaction to the societal role changes which occur as they age. Some people react with anger, others with depression, to their recognition of the fact that they are no longer valued. Being forced into new roles can place older people in a position of choosing between effective survival and life-long values. The person who was taught and has always believed in an independent life style must make a difficult decision when faced with depending on relatives versus staying at home and possibly becoming ill, injured, hungry or dirty.

Many factors can affect an older person's behavior. They may not all be readily evident, or even acknowledged by the older person, but those who deal with the older population on a regular basis must begin to consider the possible motivators for words and actions.

NOTES

[1] Cruickshank, Donald R. *Inner City Simulation Laboratory*. Science Research Associates, 1969.

[2] Dewey, John. "Some Stages of Logical Thought", *Philosophical Review* 9 (1900), pp. 465-89.

DEVELOPMENTAL RESEARCH

When developing these training materials, research was conducted to identify which situations with older people are the most difficult for workers to handle. Individuals who work in a variety of agencies serving the aged were surveyed. They provided descriptions of incidents which caused them a great deal of stress. These incidents were then developed into simulations. The rationale was that if an individual could have practice in handling such problems, they would be better prepared to react appropriately if a similar situation actually occurred. This chapter presents the methodology and results of the research which served as the basis for *Working With Older People: Simulations For Practitioners.*

Methodology

The research began by asking for participation from those social service agencies in Ohio receiving funds through the Older Americans Act. Agency directors were asked to have their employees who spend the majority of their time working directly with older people complete Problem Identification Forms (see Appendix). The responses were grouped according to both the type of problem described and the job-setting of the worker. The results were tabulated and are presented in Table 1. The results describe the variety and frequency of responses to the open ended statement—"The incident between myself and an older person with whom I work which caused me the greatest concern today happened as follows . . ." Each individual who completed this statement was asked to respond for each of five consecutive working days. Following are two examples of responses: "I just don't know how to handle so many of the elderly members calling me at my home and asking me to take them places, or it may be they just want to talk when I have so much to get done . . .;" and "I visited a woman in failing health. Nothing can be done for her condition and we both know she will become more and more uncomfortable and disabled as time goes on . . . I feel frustrated."

As the responses were analyzed, recurring types of problems were delineated. All usable forms were grouped according to fifteen problems. The fifteen categories involve working with older people who are having problems in the following areas:

(1) Coping with bureaucracy
(2) Dealing with family members
(3) Depression
(4) Coping with the death of others
(5) Getting along with others
(6) Refusing offered solutions
(7) Losing contact with reality
(8) Coping with health problems
(9) Coping with poverty
(10) Coping with loss of independence
(11) Being overly dependent upon the service
(12) Acknowledging agency or personnel restrictions
(13) Recognizing an emergency
(14) Being in an unsanitary condition
(15) Losing friends, family or roles

Respondents were also asked to provide a brief description of their job position and the setting in which they worked. For instance, outreach worker from a nutrition center, club leader with a senior adult group in a community center, or public health nurse in a senior citizen health assessment clinic. The job descriptions were grouped according to four categories: (1) in the home, one-to-one; (2) group setting (senior center or nutrition site); (3) outside the home, one-to-one; and (4) telephone services.

Problem Situations

Following are definitions of each of the fifteen problem categories and sample responses from each category. The responses are quoted directly from the Problem Identification Forms submitted by respondents.

(1) Coping With Bureaucracy

These problems center on the difficulties which emerge due to the bureaucratic procedures involved in many social service and income maintenance programs. The older person may become confused about the benefits to which they are entitled, not understand mail, or not receive adequate service. Examples of this problem as reported by workers are:

(a) "I visited the home (recently condemned) of an 84 year old black woman. She did not understand the condemnation process and was refusing to leave her home. She has no local relatives and is very distressed. Relocation possibilities look bleak."

(b) "An older woman who I work with told me her disability Social Security had been discontinued. She had neglected to seek help to have it reinstated because she did not understand the proper procedure. I think it is lack of understanding and education of the Social Security System."

(c) "I was helping a client in the process of food stamp recertification. Before she was recertified she had an emergency allotment, therefore, she paid only $6 for $46 of stamps. When she was recertified (the emergency allotment was cancelled), the cost was raised to $18 per month and I had to explain to her why the price was raised since I recertified her stamps. It was hard for her to understand why the price was raised and especially by that amount."

(2) Dealing With Family Members

These problems focus on the difficulties relating to family members of the older person. Examples follow:

(a) "A woman who was declared incompetent had called us several times enlisting our help in removing the guardianship from her daughter. The woman claimed the daughter was not providing support and was misusing the funds."

(b) "I worked with an elderly pair (mother & daughter). The daughter feels that she would like to get out for a job and activities but feels she cannot leave her mother who is 96 and does not want to go to a day care center, participate in any recreation, or have anyone come in."

(c) "Mrs. D. was upset again because son left her alone all weekend. She is very lonely. How can son leave bed ridden mother alone? I had talk with son who said it will not happen again. But it will."

(3) Depression

These problems occur when a worker has to deal with a very depressed individual who feels like giving up, sees no reason for existence, or is just tired of coping. Examples follow:

(a) "A participant of our "take out" program is recovering from a stroke that has affected her speech and her right arm. Today she was crying. I ask if there was anything I could do for her. She explained that being in the apartment so much of the time is very depressing for she has also been attending her husband who was left partially paralyzed from a stroke eleven years ago. She said she has a feeling she will never get out again. I'm not quite sure what to say or do in a situation like this."

(b) "Today when I arrived Mrs. W. very upset started to cry and said she wanted to die and had no reason to live. She said she is going to stop eating so she will die."

(c) "One woman broke down in tears when she began to talk about the loneliness she feels when at home. She then proceeded to talk about her divorced schizophrenic husband, which also brought her to tears."

(4) Coping With The Death Of Others

The problems of older people concerned about their own death (except those wanting to die) did not seem to be mentioned as a problem; it was fairly common, however, for workers to report difficulties in dealing with an older person who was upset about another person's death. Examples follow:

(a) "Retired Registered Nurse, aged 69, lost her 45 year-old son this summer, and she has undergone a radical personality change. Very fidgety, confused, repeats herself, and seems to forget and lose everything."

(b) "I visited an 83 year-old widow, living alone, depressed and grieving over recent death of a younger brother whom she had cared for for years. She is not eating regularly and does not get out with others. She has no means of transportation and relatives are far away."

(5) Getting Along With Others

This problem was wide in scope. It occurs most often in group settings and involves older persons arguing among themselves or upsetting others. In general, this problem is the result of impolite behavior. The worker often feels they must calm everyone down or keep everyone happy. Examples follow:

(a) "A daily visitor at the center is a man that knows everything, has done everything (better than anybody else) and been everyplace. He respects no one else's opinion, monopolizes the conversation, harasses some people and keeps some people from coming to the center. In playing games he tries to tell everyone how to play and is a general nuisance all the way around. This is not just a bad day thing, but his personality from way back. As obnoxious as he is he needs the center and what it has to offer as badly as anyone probably."

(b) "A lady came to the Site today and insisted she sit at a table that was already filled—none of the people already seated wanted to move. This made her angry and there were a few words exchanged. She agreed to sit elsewhere reluctantly."

(c) "One lady keeps interrupting me no matter if I am talking to someone or on the telephone with a long distance call or important call. I say, 'just a minute', but she keeps right on talking to me. Today she cut in on a phone call I was making six times concerning one item. No matter how I try to explain to her not to do that, she does it more."

(6) Refusing Offered Solutions

This problem occurs when a worker offers either one or several solutions to an older person's problems, but each is rejected. The worker becomes frustrated, and feels as if the older person is being stubborn. Examples follow:

(a) "A client has had arrangements made for the meals program. The van comes to pick him up but every day he has a new reason why he can't attend. He is physically capable to attend but is very reluctant to carry it through."

(b) "Today as part of outreach I visited some ladies in their homes. All were upset that they might become ill or die and no one would find them for days. When I ask them to have their friends drop by or to join clubs, they say no they don't socialize or like to come out of their rooms. They expect others to help them and are afraid for themselves yet they refuse to help or talk to their neighbors. Keep in mind that this is a high rise with twenty-three apartments on each floor."

(c) "Visited patient who is a widower and lives alone. Constantly complains of loneliness but doesn't want to take the initiative to make relationships. Refuses to investigate the possibility of Senior Citizen involvement, church, etc."

(15) Losing Friends, Family, Or Roles

These problems arise when working with older persons who are either very lonely or who seem upset by the loss of their roles or friends. A possible role loss would be that of "mother" or "provider" or "fellow worker". Examples follow:

(a) "One of my male volunteers feels that he is totally indispensible—today he decided to take over the whole desk. (We normally divide our jobs between two volunteers and myself.) He was quite nervous and ended up making more of a mess than if he would have had patience and waited like he was supposed to do. He had everyone upset and we had problems with the rest of the day."

(b) "A ninety-two year old man in good health—retired school administrator from New England. He sold his home, summer home, and his boat, etc. immediately upon the death of his wife and moved to Cincinnnati to make his home with his daughter and her husband who travel a great deal. Mr. M. is asked to go on a cruise or trip each time his daughter goes away. He is tired of this. He is so desperately lonely, he comes on too strong in trying to make friends and people avoid him."

(c) "One of the problems a secretary runs into is—people who call and keep me on the phone just talking about their aches, pains or family. We realize that these people are lonely and need someone to talk to. Our phone is a business phone and other people are trying to call for Information and Transportation."

Participant Analysis

An analysis was conducted on those individuals and their respective agencies who completed usable Problem Identification Forms. Some directors of agencies who originally indicated their staff would participate did not do so. Also, a number of individuals from cooperating agencies completed forms which were later rejected as unusable.

Five hundred and ninety-eight usable Problem Identification Forms were completed by one-hundred and ninety-six individuals. A mean of three forms per person were completed and usable. The one-hundred and ninety-six individuals represented fifty-nine social service agencies throughout Ohio. Only Title III and Title VII (Older Americans Act) projects were originally surveyed and forty-eight of the fifty-nine were funded through Title III (Comprehensive Services), with the remaining eleven being Title VII (Nutrition) Projects. Twenty-five of the fifty-nine agencies served urban areas, twenty-two served rural areas, and twelve served small cities. Almost thirty-three percent of the workers dealt with older people in the home setting. Approximately fifty-two percent worked with older people in a group setting such as Title VII meals sites or a senior center. Ten percent dealt with older people on a one-to-one basis outside the older person's home, and four percent dealt with older clients by telephone.

Representation from a single agency ranged from one person who completed at least one usable form to twenty people from a large Title VII project who completed between one and five usable forms.

Results

The results of the categorization and tabulation of responses on the Problem Identifcation Forms are presented in Table I.

The results indicate that the major problem of the workers in this sample is dealing with an older person who is coping with health difficulties. The next most frequently reported problem was dealing with older people who are having difficulty getting along with each other. However, eighty-four percent of these reported problems came from respondents in the "group-setting" job category, which had the largest number of respondents (313 of 598). Therefore, this is only a major problem for those in a congregate setting. The next most frequently reported problem fell in the category of dealing with an older person who either would not acknowledge or refused to go along with the limitations of the service, the worker, or the agency. The highest percentage of workers reporting this problem came from the "outside-the-home, one-to-one" category. Many reporters of this problem were drivers from transportation services who could not get their clients to understand either the procedures or limitations of the service. The fourth largest problem reported was that of how to react to or help someone who is very depressed. The highest percentage within a single job category reporting this problem was from those who deal with older people by telephone.

Discussion

Generalizations from these research results must be considered in terms of several factors. First, any research utilizing self-report as the main means of gathering information introduces a certain amount of bias. If the workers were too embarrassed by a problem situation to describe it, or if they handled a problem by disregarding it, the problem would not even be recognized. In either case, those situations would not be entered as data into this research.

Bias can also be introduced by the way in which the researcher analyzes and categorizes the problems. A significant number of the Problem Identification Forms were rejected as unusable for a variety of reasons. Usually they were rejected for not answering the specific question asked on the form. But some forms were rejected because the worker described a problem which did not seem to be a problem to the researcher. For example, perhaps a worker was upset because an older person would not accept advice, when the advice given actually appeared to be very poor advice. In addition, many of the problems over-lapped categories, but were assigned to only one category for tabulation purposes. If a different categorization system had been used, the results may have appeared somewhat different.

An additional variable within this research is the educational and experiential background of the respondents. Although this might radically affect the problems reported, the information is not available for this sample of workers. Nor is it clear why specific agencies and/or individuals chose to participate or not to participate in the completion of the Problem Identification Forms.

Other factors undoubtedly affect the generalizability of the results. However, this author believes that the problems reported by these one-hundred ninety-six individuals are probably very similar to those encountered by most professionals and para-professionals who deal directly with older people. Further research using a format which is structured rather than open-ended would provide additional data and allow for other statistical analyses. Controlling other factors by obtaining more information, such as the background of respondents, or the supervisors' ratings of the respondents' capabilities, would also be interesting.

TABLE I

Type of Work Setting

Problem Category	In-Home, One-to-One	Group Setting (Senior Center or Title VII Site)	Outside Home, One-to-One	Telephone	TOTAL
1. Coping with bureaucracy					
Frequency	15	11	4	1	31
Column %	7.65	3.50	6.30	3.84	5.18
Row %	48.38	35.48	12.90	3.22	100.00
Total %	2.50	1.83	.66	.16	5.18
2. Dealing with family members					
Frequency	21	16	3	3	43
Column %	10.71	5.11	4.70	11.53	7.19
Row %	48.83	37.20	6.97	6.90	100.00
Total %	3.51	2.67	.50	.50	7.19
3. Depression					
Frequency	12	23	8	7	50
Column %	6.12	7.34	12.69	26.90	8.36
Row %	24.00	46.00	16.00	14.00	100.00
Total %	2.00	3.84	1.33	1.17	8.36
4. Coping with death of others					
Frequency	7	12	2	1	22
Column %	3.57	3.83	3.17	3.84	3.67
Row %	31.81	54.54	9.09	4.50	100.00
Total %	1.17	2.00	.33	.16	3.67
5. Getting along with others					
Frequency	10	76	3	1	90
Column %	5.10	24.28	4.70	3.84	15.05
Row %	11.11	84.40	3.33	1.10	100.00
Total %	1.67	12.70	.50	.16	15.05
6. Refusing offered solutions					
Frequency	16	6	1	0	23
Column %	8.16	1.91	1.58	0	3.84
Row %	69.59	26.08	4.30	0	100.00
Total %	2.67	1.00	.16	0	3.84
7. Losing contact with reality					
Frequency	9	26	4	1	40
Column %	4.59	8.30	6.30	3.84	6.68
Row %	22.50	6.50	10.00	2.50	100.00
Total %	1.50	4.34	.66	.16	6.68
8. Coping with health problems					
Frequency	34	49	11	1	95
Column %	17.34	15.65	17.46	3.84	15.88
Row %	35.78	51.57	11.57	1.05	100.00
Total %	5.68	8.19	1.83	.16	15.88

9. Coping with poverty					
Frequency	16	13	1	2	32
Column %	8.16	4.15	1.58	7.69	5.35
Row %	50.00	40.62	3.12	6.25	100.00
Total %	2.67	2.17	.16	.33	5.35
10. Coping with loss of indapendance					
Frequency	13	8	6	3	30
Column %	6.60	2.50	9.50	11.53	5.01
Row %	43.30	26.60	20.00	10.00	100.00
Total %	2.17	1.33	1.00	.50	5.01
11. Being overly dependent upon the service					
Frequency	13	0	1	0	14
Column %	6.60	0	1.58	0	2.34
Row %	92.85	0	7.14	0	100.00
Total %	2.17	0	.16	0	2.34
12. Acknowledging agency or personnel restrictions					
Frequency	9	42	11	4	66
Column %	4.59	13.41	17.46	15.30	11.03
Row %	13.63	63.63	16.66	6.06	100.00
Total %	1.50	7.02	1.83	.66	11.03
13. Recognizing an emergency					
Frequency	3	5	2	0	10
Column %	1.53	1.59	3.17	0	1.60
Row %	30.00	50.00	20.00	0	100.00
Total %	.50	.83	.33	0	1.60
14. Being in an unsanitary condition					
Frequency	13	7	4	0	24
Column %	6.60	2.20	6.30	0	4.01
Row %	54.16	29.16	16.60	0	100.00
Total %	2.17	1.17	.66	0	4.01
15. Losing friends, family, or roles					
Frequency	5	19	2	2	28
Column %	2.55	6.07	3.17	7.69	4.68
Row %	17.85	67.85	7.14	7.14	100.00
Total %	.83	3.17	.33	.33	4.68
16. TOTAL					
Frequency	196	313	63	26	598
Column %	100.00	100.00	100.00	100.00	100.00
Row %	32.77	52.34	10.53	4.34	100.00
Total %	32.77	52.34	10.53	4.34	100.00

DIRECTIONS FOR USE

Working With Older People is meant to be flexible. Your needs and the needs of the students determine what sections of the package are used, and in what manner they are used. However, there are suggestions which help the first-time user. The first step you take, after reading this directions section, is to read and examine the simulations. Reviewing the sections of this manual regarding the research and development of the materials and the concept of simulations also is helpful. In addition, the overview section delineates briefly what it is like to participate in *Working With Older People*. It clarifies the intended purposes of the materials and gives a sample procedure for activities.

The Role Of The Instructor

Although this package of materials is designed to be comprehensive and provides simulated situations and accompanying discussion questions, your role is very important. It is the instructor who coordinates and explains the activities and adds to the group discussions by means of their knowledge and experience in the field of aging. You need to be familiar with the materials, be able to select the appropriate simulations for the given audience, and be able to tell the group how they will use the materials. Prior to the learning session you must organize the materials, the meeting facilities, and the time. You need to understand and explain how each simulation mode is designed and carried out. For example, the films are viewed and reacted to; while the role plays are acted out (with each person having a role), then criticized and discussed. You organize and initiate the group discussions and add what you feel is appropriate. Throughout, you must explain the premises for the simulation, defending the plausibility of the situations and reiterating that in real life one does not always know all the details of each situation. Finally, you may wish to evaluate the effectiveness of the use of the materials with participants.

Knowing The Audience

The better you know the expected audience or group of participants, the better you can plan for the most effective use of *Working With Older People*. For example, a group of undergraduate sociology students reacts differently to the materials than does a group of outreach workers from a social service agency who are having an in-service education day. Therefore, the factors to consider regarding the audience include:

(a) the education of the participants: in what areas and how extensive?, and
(b) the experience of the participants in working with older people: direct contact or administrative only, and in what type of setting?

Persons who are currently working can often come up with more practical solutions to the problems, while it is sometimes easier for students to analyze the situation theoretically. The questions used for debriefing purposes might therefore emphasize practical areas for students, and theoretical implications for those already working in the field.

The work setting for those who are participating is important also. If the audience is composed of senior center staff who are never out of the center, there is probably no point in having them experience those simulations which are staged one-to-one in an older person's home.

Selecting The Simulations

Since it is not feasible to actually use all forty-three simulations at one sitting, you must select those which best accomplish your goals according to the needs of the students. The chart on page 20 is useful for making this selection, as is analyzing each simulation with its accompanying discussion questions. The chart indicates: (a) the setting in which the situation takes place, (b) the problem depicted, (c) the ranking that problem received (in terms of occurrence) in the research, (d) the format of the simulation (film, role play, etc.), and (e) the directness of the situation (if there is contact with an older person or with another worker).

Other factors which may influence your selection include: time available, composition and size of the audience, and personal preference. You may also use some form of a pre-test for interest if desired. This could entail surveying the participants in terms of both the preferred format and the nature of the problem depicted.

The Role Of These Materials As A Part Of A Larger Gerontological Learning Experience

Working With Older People is a very specific type of instructional materal. It focuses on simulation of problems for the purpose of practicing problem solving and clarifying values. Facts about growing older, personality theory, or the social services delivery system, for example, are not included. *Working With Older People* should not be the only formal education to which a learner is exposed. Learners need some complementary forms of education related to older people.

Because *Working With Older People* emphasizes problem situations, much of the materials are negative in nature. Facts which dispel negative myths about older people should be introduced to the participants at some point in time to offset this condition. Information on

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counseling and interviewing techniques is helpful to most of those who work with older people, as is information on public benefits programs, the aging process, the Older Americans Act, and numerous other areas.

You should be sure that if you are not presenting other information to the participants about aging that it will be presented in the future or has been in the past. For additional information on curriculum topics in the field of aging see *Developing Educational Programs in the Field of Aging*, by Robert Atchley and Mildred Seltzer, Scripps Foundation Gerontology Center, Miami University, Miami, Ohio (1977).

Pre-Use Activities

There are several steps to be taken prior to implementing *Working With Older People* to insure efficient delivery. They are as follows:

(a) organize the space and the seating according to the numbers of participants expected and the activities planned,
(b) organize the time allotments by determining the schedule of events and length of each component,
(c) select the materials to be used,
(d) duplicate the materials in the appropriate numbers,
(e) organize the materials for easy handout,
(f) outline the instructions and explanations for the participants, and
(g) have the necessary equipment on hand, such as 16mm projector, film screen, slide projector, and tape recorder.

Possible Scheduling

Scheduling of *Working With Older People* can be done in a variety of ways. If you are using the materials in a regularly scheduled class, one or two simulations per class meeting can be presented. Or, if you are conducting an in-service workshop, the simulations can be used for a morning or an afternoon for one day or more. It is suggested that simulations alone not be used for an entire day. Since *Working With Older People* actively involves the participants and requires moving around and regrouping, it is better to have some passive learning activities intespersed throughout the day. You should decide beforehand approximately how long each step of the simulation and debriefing will take. For example:

- view film and write down immediate reaction (5 minutes),
- organize small groups and discuss questions (15 minutes), and
- small groups report back to the whole group and discuss further (25 minutes).

It is a good idea to inform the participants of this timing, so that they have an idea of how long they have to analyze the situation and discuss the questions.

Coffee breaks might be included because of the informal nature of the activities. Discussion usually continues throughout the break. It also gives you time to reorganize materials, seating, and so on.

Space and Seating

Twenty to thirty persons is a nice size group with which to work. You can use movable chairs and will not need separate break-out rooms. It is not a good idea to have fixed seating or tables which cannot be gathered around easily. It is suggested that the composition of the small groups be different for each simulation which necessitates people moving a lot. A room with carpeting is well-suited since noise levels can grow. Be sure the room is not too closely situated to other classrooms that might be bothered by the activity.

What To Tell The Participants

Prior to using *Working With Older People* the participants need background information about simulation and about *Working With Older People*. An additional step which may be taken is that of having each person in the group introduce themself so everyone knows each other. Try to explain *Working With Older People* quickly and entertain questions. It is good for the participants to get into the materials as soon as possible. What the participants will need to know before viewing the orientation slide show, is:

(a) that they will be participating in simulations of real life experiences as reported by workers in the field of aging;
(b) what simulation as a concept means;
(c) that each individual is to assume they are really in the situation. If the films are being viewed, they take on the role of Chris Williams. If the role plays or other written formats are utilized, they take on the specified role;
(d) that there are several types of simulation within *Working With Older People*: the film format, role play format, and any other formats to be used;

(e) that after they react to the situation individually, they will group together to work on the problem and structure a good solution; and
(f) that no "right" answers will be provided (except those generated in the groups).

Use Of The Orientation Slide Show

The orientation slide show is a preparatory device to help the participants:

(a) understand that they are to take on the role of Chris Williams,
(b) accustom themselves to the concept of simulation, and

(c) know more about the setting in which the situations are simulated.

You should use the slide show if more than one simulated situation will be presented to the group. If you will only be using one simulated situation, just try and make sure the participants understand what is expected of them.

There is no activity related to the slide show after it is viewed; you check to see that everyone understands the process and proceed to the first simulated situation.

The slide show involves fifty-four slides and an accompanying cassette tape. You can either advance the slides by listening for audible beeps or use an automatic slide projector.

How to Use Each Type of Simulation

There are 43 simulated situations within *Working With Older People* in five different formats:

15 films,
14 role plays,
3 playlets,
5 in-basket memorandums, and
6 narratives

Each format is to be used a little differently and each is valuable in different ways:

(a) Films

The films (16mm, color, sound) average between one and three minutes in length. The viewer takes on the role of Chris Williams (as explained by the slide show) and is confronted with a difficult situation. When the film concludes, the viewer is expected to formulate a reaction to the problem. The main value of the films is the immediate visual impact of the simulated situation which increases the feeling that one is really there and must react.

The films are presented with the understanding that at the conclusion viewers write down their immediate thoughts on how they would react. Following several minutes (to allow for the written reaction), the viewers move to groups of five to seven persons to analyze the situation together and discuss the questions provided. After fifteen to twenty minutes of discussion, the group's recorder informs the others present what their group determined. Further discussion can then take place. The participants may want to see the film again at some point during either of the discussion periods.

(b) Role Plays

The role plays provide roles and describe a situation which involves two to five persons each. Some people portray older people, others have the role of workers or family members of the older person. Each participant needs to know how to role play prior to trying to participate. This is accomplished by demonstrating a role play or by explaining that they are to become an actor or actress for the "part" which they are given. The value of role plays is that one comes to understand a given situation by being forced to verbalize, in dialogue, the described role.

The participants are grouped according to the number of active roles in the role play. Either everyone can do the same role play at once or different groups can use different role plays. If there are extra participants left over they can observe a role play and participate in the discussion. You may wish to use name tags with the role play character's names to facilitate the dialogue.

Allow about ten to fifteen minutes for the role play. At its conclusion, two or three small groups can join together, or one group of five persons can remain together to analyze what happened and why it happened, and to discuss the provided questions. Role plays can be video-taped, if desired, and critiqued.

(c) Playlets

This format is actually a scripted role play. The dialogue is predetermined and demonstrates a given problem situation. The playlets can be handled several ways.

(1) The appropriate number of persons can act out the playlet in front of the remainder of the group and either stop where the playlet stops or continue by devising their own dialogue. A continued version could be (a) spontaneous, (b) planned to demonstrate a good way of handling the problem, or (c) planned to demonstrate poor handling of the problem.

(2) Or, the entire group can do the playlet in small groups at the same time with the various possibilities for the endings.

Video taping and playback for critique would be usable with this format also. Discussion questions are provided.

(d) In-Basket Memorandums

These simulated situations are formated such that the participant receives a written description of a problem in the mail from a co-worker who expects guidance. The participants then describe, verbally or in writing, what their advice to the co-worker would be. The responses are critiqued by a partner or in small groups. Accompanying discussion questions are included.

(e) Narratives

This is a written description of a problem situation. Narratives can be read individually or to the group by the instructor. Reactions are verbalized by the whole group, small groups, or written. Then all can analyze the possible reactions and explain their reasoning. Discussion questions are provided.

Debriefing

The discussion and analysis of a given problem and how to handle it, which follow the presentation of each simulation, can be the most valuable learning experience within the structure of *Working With Older People*. During that activity, the knowledge and experience of all those present is pooled to arrive at the best alternative actions. No "right" answers are provided by *Working With Older People*; the participants and instructor must arrive at the conclusions together.

The debriefing can be organized in a number of ways. The first step, in most cases, is to ask the participants to respond to the question, "What will you do?", or "What is your immediate reaction?" This may not be appropriate following role plays or playlets since in those formats some type of reaction has already been formulated. In those cases, you might want to ask the question, "What would you do differently from the worker who was portrayed in this role?", "What did you like and/or dislike about the way this worker reacted to the problem?", or "How would you act differently if you role played this part again?" Regardless of the specific wording, you can write these questions on the board, announce them,or hand them out.

Second, the participants discuss their reactions to the problem in small groups: how they felt, whether they are happy with their immediate reactions, whether the problem is a common one, what they think caused the problem, and so on. Discussion questions* are provided for each simulated situation. The questions can be handed out or written on the board. Or, questions may be used selectively and combined with questions you feel are important. But it is important for the participants to be able to formulate their thoughts and talk freely about the problem presented.

The group should know beforehand approximately how much time they will have for discussion. They may want to appoint a group recorder or leader to write down the important points and conclusions, and to pace the group. You may want to rotate the individuals within the groups after each simulation so that there is a different composition of members. Changing composition of groups can insure that people are not always with their friends or usual co-workers whose opinions they may already know. Further, the change can provide an opportunity to gain new perspectives or knowledge from others. You may wish to remain totally out of the small group discussions, or be a participant in one of the small groups, or observe several of the groups. If the small groups each report their conclusions back to the whole group, you could insert your comments at this point in time.

Be sure you are not inhibiting discussion by making harsh judgements about the participant's comments. You should also try to make sure people are really answering the questions and not just responding with pat answers. You may want to help the group decide on which assumptions they will operate to answer the questions (meaning that in some cases the group will have to decide for themselves about a piece of missing information before they can go on to answer a question). If participants try to avoid discussing certain questions by claiming the problem is unrealistic, you can reassure them that this problem did happen to one or more workers, and that they should try to determine how to handle it.

Evaluation

If you are interested in evaluating the effectiveness of the materials with those who participated, some form of feedback can be helpful. A sample participant reaction form for evaluation can be found on page 157. The results can be tallied and analyzed. These statistics will give you a general indication of the impact of the use of *Working with Older People*. A follow-up questionnaire given four to six weeks following the training session which ask participants if they have been able to use what they learned as a result of practicing with the simulations can also be informative.

You can design more elaborate evaluations if you wish. A pre-test and post-test of the skills required in working with older people can be developed. You can use two narratives which describe equally difficult problems, then delineate those points which ought to be considered by someone attempting to solve the problems, thereby developing a grading or scoring system. Participants can write how they would solve the first problem narrative, sign their name, and hand in the reaction. This constitutes the pre-test. Following several simulated situations, the exercise is repeated, using the second narrative as the post-test. Pre-test and post-test scores showing how well the participants handle the problem situations can be compared. Scoring should be done by non-biased individuals who do not know which narratives were used for the pre-test or the post-tests. A statistical analysis of the change in scores would be necessary to determine significance. For further information on possible evaluation strategies see:

> Washington, Robert O., *Program Evaluation in the Human Services*. Milwaukee, WI: Center for Advanced Studies in Human Services, School of Social Welfare, The University of Wisconsin.
> Worthen, Blaine R., and James R. Saunders, *Educational Evaluation; Theory and Practice*. Worthington, OH: C. A. Jones Publishing Co., 1973.

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*Many of the discussion questions are based upon the use of Donald Cruikshank's problem solving process (Columbus, OH: The Ohio State University).

SIMULATION MATERIALS

Working With Older People contains an orientation slide show, forty-three simulated situations, and accompanying discussion questions for each situation. The simulated situations are in five formats: films, role plays, in-basket memorandums, playlets, and written narratives. A description of how to utilize the materials begins on page 15.

The written script for the slide show and films are included in this document. Page numbers for the scripts for each film are indicated on the followng chart. The remainder of the simulations are all written formats. Their page numbers are also indicated on the chart. The discussion questions follow each simulation.

You may also want to use this chart to help you select those simulated situations which you will present to the participants. Factors which can examined for each situation include:

- the problem which is depicted (one of the fifteen problems defined in the research),
- the ranking of the frequency of occurrence for the given problem,
- the setting of the situation (group setting; in-home, one-to-one; telephone services),
- the format of the situation (film, role play, etc.), and
- the directness of the observer's role (supervisory or directly with the older person).

Title	Simulation Number	Page	Problem	Priority	Format	Job Setting	Supervisory/Direct
The Caller	1	25	Losing friends, family or roles	9	Film	Group setting or telephone services	Supervisory
The Refusal	2	27	Coping with poverty	7	Film	In home, one-to-one or outside home, one-to-one	Direct
The Visit	3	29	Coping with the loss of independence	9	Film	In home, one-to-one	Direct
Happy Birthday, Agatha	4	31	Losing contact with reality	6	Film	Group setting	Direct
Mr. Norris	5	33	Coping with health problems	1	Film	In home, one-to-one	Direct
The House	6	35	Being in an unsanitary condition	11	Film	In home, one-to-one	Direct
Rescue Squad	7	37	Recognizing an emergency	15	Film	In home, one-to-one	Direct
Craft Day	8	39	Acknowledging agency or personnel restrictions	3	Film	Group setting	Supervisory
Margaret's Sister	9	41	Coping with the death of others	13	Film	Group setting	Direct
Mrs. Applegate's Children	10	43	Dealing with family members	5	Film	In home, one-to-one	Direct
The Wanderer	11	45	Losing contact with reality	6	Film	Outside home, one-to-one	Supervisory or Direct
Lunch Trays	12	47	Getting along with others	2	Film	Group setting	Direct
The Medicine	13	49	Getting along with others	2	Film	Group setting	Direct
Troubles	14	51	Depression	4	Film	Outside home, one-to-one or group setting	Direct
The Grandson	15	53	Dealing with family members	5	Film	In home, one-to-one	Direct
Mrs. Smith	16	55	Refusing offered solutions	12	Role Play	In home, one-to-one	Supervisory or Direct
Blackburn Family	17	59	Dealing with family members	5	Role Play	In home, one-to-one	Direct
The Phone Call	18	63	Depression	4	Role Play	Telephone services	Direct
Pet Food	19	67	Getting along with others	2	Role Play	Group setting	Direct
Pride	20	73	Coping with poverty	7	Role Play	In home, one-to-one	Direct
Strangers and Bugs	21	77	Losing contact with reality	6	Role Play	In home, one-to-one or telephone services	Direct
The Volunteer	22	81	Losing friends, family or roles	9	Role Play	Group setting	Supervisory or Direct
Moving	23	85	Coping with loss of independence	9	Role Play	In home, one-to-one	Supervisory or Direct
Homemaker vs. Housekeeper	24	91	Coping with loss of independence	9	Role Play	In home, one-to-one	Direct

Title	Simulation Number	Page	Problem	Priority	Format	Job Setting	Supervisory/Direct
Lunch Reservations	25	95	Acknowledging agency or personnel restrictions	3	Role Play	Group setting	Supervisory or Direct
Card Game	26	101	Getting along with others	2	Role Play	Group setting	Direct
Hurting Legs	27	107	Coping with health problems	1	Role Play	In home, one-to-one	Direct
The Driver	28	111	Acknowledging agency or personnel restrictions	3	Role Play	Outside home, one-to-one	Direct
Medicare	29	115	Coping with bureaucracy	8	Role Play	In home, one-to-one or outside home, one-to-one	Direct
The Gebharts	30	119	Dealing with family members	5	Playlet	In home, one-to-one	Direct
Bertha's Friend	31	121	Coping with the death of others	13	Playlet	Group setting	Direct
The Painter	32	123	Coping with health problems	1	Playlet	Group setting	Direct
Euchre Cookies	33	125	Getting along with others	2	Narrative	Group setting	Direct
The Watcher	34	127	Getting along with others	2	Narrative	Group setting	Direct
The Brace	35	129	Coping with health problems	1	Narrative	In home, one-to-one	Direct
Checks	36	131	Coping with bureaucracy	8	Narrative	Outside home, one-to-one, in home, one-to-one, or telephone services	Direct
Doorstops	37	133	Getting along with others	2	Narrative	Group setting	Direct
The Crier	38	135	Depression	4	Narrative	Group setting	Direct
Mrs. Peabody	39	137	Acknowledging agency or personnel restrictions	3	Memo	Outside home, one-to-one	Supervisory or Direct
Home Phone Calls	40	139	Losing friends, family or roles	9	Memo	Outside home, one-to-one or group setting	Supervisory or Direct
Mr. Goldsmith	41	141	Being in an unsanitary condition	11	Report	In home, one-to-one	Supervisory or Direct
Catherine Hatcher	42	143	Losing contact with reality	6	Report	In home, one-to-one	Supervisory or Direct
Sybil Cohen	43	145	Coping with health problems	1	Report	In home, one-to-one	Supervisory or Direct

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SLIDE/TAPE SCRIPT

The numbers in parenthesis refer to the numbered slides which accompany the tape.

MUSIC (1) (2) (3)

NARRATOR:

(4) Your name is Chris Williams. (5) Today is your first day on a new job (6) at the Office on Aging. (7) You are going in to speak with Mr. Harrison, your new supervisor.

SECRETARY:
(8) Go on in, Chris. Mr. Harrison is expecting you.

MR. HARRISON:

(9) Hi, Chris! Have a seat. All of us here at the Office on Aging are glad you'll be joining the staff. (10) . . . coffee?

(11) I wanted to talk to you about your job—what you'll be doing, where you'll be going, and you already know, of course, with whom you'll be working—older people.

(12) Your job is basically to help older people who are in need of assistance. And, since you'll be working in a variety of settings, you'll be encountering many different situations and problems.

Let's talk a little bit about some of the places you'll be going (13). This latest Annual Report to the Community has some pictures of the places you'll be visiting and the people you'll be meeting.

(14) First, there's the Senior Center on Oak Street. It draws about five hundred older people who participate in one activity or another. (15) The members come mostly from the near north side of town. There are a number of facilities at the Center, including (16) this lounge, complete with television, card tables, magazines, puzzles; (17) this excellent craft room; (18) a cafeteria; (19) and this auditorium for large gatherings and (20) special performances. The members really enjoy themselves at that center!

(21) You'll also be meeting some older people in their homes. For example, (22) Mrs. Naderhoff is a client of ours who lives in this house on Westwood Avenue. And (23) this is a picture of Mr. Reeves from the east side of town.

(24) Another place you'll be working is the nutrition site in the basement of this Methodist Church. (25) About twenty older people have a hot, nutritionally balanced meal there, five days a week. (26) The site also provides supportive services such as recreation and (27) health screening services.

(28) Other older people, like the woman in this picture, come into the offices here to receive advice or counseling. (29) Now, in working with them, we've found that, well, one of the major problems affecting older people is their reduced income. (30) These microfiche from the Bureau of the Census (31) show that approximately twenty percent of all older persons sixty and over are living below the poverty level.

(32) This affects many different areas as you can see from these photographs. Take transportation, for instance. (33) Cabs are too expensive. And mass transit, if it's available, may be too far away to walk. Many older people don't drive, either.

(34) Health difficulties can cause problems for the older person, too. People like Mrs. Applegate here not only can't afford long hospital stays, but she just isn't prepared to deal with the limitations imposed by her illness.

(35) In addition, society tends to ignore the senior citizen. Some older people no longer feel they can contribute or participate in community life. (36) This Louis Harris Poll indicates that those interviewed who were older (37) believe the myths that everyone over 65 is unhappy, lonely, and in poor health. Yet, most were quite satisfied with their own lives. (38) Apparently they felt they were lucky exceptions to the rule.

(39) Of course, growing older does bring along its difficulties. (40) Some of the more common problems include facing retirement, children leaving home, the forced dependence on others, and losing one's husband or wife.

(41) But even though older people as a group share some of the same problems, we must not forget they are all individuals. (42) Each person has lived through a unique set of experiences and has come into contact with many kinds of ideas and people.

(43) A comparison I always find interesting is that society is ready to group a sixty-five year old and an eighty-five year old into the same category of "senior citizen", (44) but no one groups a twenty-five year old and a forty-five year old into the same category, even though it's an equal time length of twenty years separating the two.

(45) Let's look at two women who have both received services through the Office on Aging. This is Mrs. Lawton and Mrs. Sullivan together. A physical description of the two would sound similar (46) but Mrs. Lawton is married, has a comfortable income, has several hobbies and even volunteers at the Center. (47) Mrs. Sullivan, on the other hand, is a widow, has no family nearby, and has been exhibiting a loss of contact with reality lately. (48) The women look somewhat alike, but they are very different.

(49) It will be enjoyable for you to become acquainted with and to help people like Mrs. Lawton and Mrs. Sullivan. (50) But there will be some difficult situations to handle also. For example, what do you say to someone who has a chronic illness which will keep them bedridden for the rest of their life when they're feeling depressed? (51) Or what can you do about one person being left out at a meals site where everyone should feel welcome? And how can you comfort someone whose children refuse to help or visit them?

(52) Well now, these are just some of the problems you're going to run into. I know you'll do your best to help each of the people with whom you work.

(53) I'd better let you get started. Goodbye, Chris.

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1. THE CALLER (2 minutes, 25 seconds)

Setting: Secretary's desk at Senior Center

Actors: Secretary
Ruth (worker)
Narrator (voice only)

VIDEO AUDIO

CREDITS

SECRETARY AT DESK

(SECRETARY WORKING AT DESK)

WALKING SHOT TO SECRETARY

As you enter the Senior Citizens Center office, the secretary, Mrs. Brownlee, greets you.

TITLE (THE CALLER)

(SECRETARY LOOKS UP AS CAMERA APPROACHES) Good morning! You're just the person I wanted to see. (PHONE RINGS) I . . . Just a minute, please. (PICKS UP PHONE) Senior Citizens Center . . . Yes, Mr. Allison . . . What was that? Speak a little more slowly, Mr. Allison. I can't understand you . . . Uh huh . . . Have you tried to talk with him about it? . . . Yes . . . Well, I think you've done everything you can . . . What? He said what? . . . Mm humm (BEGINNING TO LOOK IMPATIENT) . . . I see. I understand . . .

TWO SHOT

(RUTH ENTERS, PICKS UP PAPERS, LOOKS UP AND NODS TO CAMERA, WAITS, STANDING BY DESK) Look, Mr. Allison, I'm really busy now. I'm afraid I'll have to talk to you about this later . . . Yes . . . Pardon? . . . Oh, yes, I understand what you're going through (LOOKING FRUSTRATED) . . . I'm sorry but I really have to go . . . Okay . . . Yes . . . (TO EXASPERATION) Mr. Allison, I really have to hang up now. Goodbye. (HANGS UP PHONE. LOOKS UP AT WORKER, RUTH)

Are these reservations ready yet?

No, I'm afraid not. I'll bring them back to you in a few minutes.

Okay. (RUTH EXITS)

SECRETARY

(SECRETARY LOOKS UP AT CAMERA) That was Mr. Allison on the phone. His calls are what I wanted to talk to you about . . . I don't know what I'm going to do!

(WHAT'S THE MATTER?)

He calls me about once an hour about something. Usually it's nothing important. I know he just needs attention. He's so lonely since his wife passed away . . . You know . . . She's the one who had a heart attack last month.

(YES. . .)

I can understand his loneliness . . . But I have my job to do! How can I get my work done when he's constantly calling me? Ruth wanted these reservation sheets just now and they would have been ready if Mr. Allison hadn't called three times already this morning. What can I do?

BLACK

1. "THE CALLER" DISCUSSION QUESTIONS

1. What are the problems in this situation?

2. What do you suppose Mr. Allison is thinking before he dials the phone? Do you think he realizes what he is doing?

3. Whose responsibility are these problems?

4. What is the desired goal(s) in this situation?

5. How do you perceive Mr. Allison?

6. What are the alternatives for Mr. Allison in solving his problem(s)?

7. How do you feel about the secretary's reaction to Mr. Allison?

8. What are her alternatives in responding to the phone calls?

9. Which one would you choose?

10. How can workers protect themselves from interruptions?

11. What kinds of interruptions are legitimate?

12. Discuss loneliness versus being alone. How important is it to you that your clients not feel lonely?

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2. THE REFUSAL (1 minute, 46 seconds)

Setting: Senior's apartment

Actor: Mable

VIDEO AUDIO

CREDITS

MABLE

(MABLE SITTING, SORTING MAIL. PICKS UP LETTER)

TITLE (THE REFUSAL)

Oh, I got a return from Medicaid. (SMILES, OPENS LETTER AND READS. DISAPPOINTMENT AS READS)

(WHAT DID THE MEDICAID OFFICE SAY, MABLE?)

Oh . . . huh. Medicaid says my income is too high. I can't believe it! Here I can't pay my bills and I have to spend so much for medicine each month. And you know how I watch my money!

(YES, I KNOW)

I spend every penney carefully to make it go as far as possible. But there just isn't enough money.

(YOU DO GET FOOD STAMPS DON'T YOU?)

Oh, yes! The food stamps help, but what I really need is some help with my payment of my medicine. How can I afford my prescription every month? I just can't believe they've refused me.

(I'M SORRY)

I felt sure when you helped me make out the form that I'd get some help. Hmm . . . I've got to have the medicine; that's all there is to it! The doctor says I have to have it. I have to have that medication!

(YES, I KNOW, MABLE)

. . . Maybe if I were married. And I could fill out that other form; show 'em a different way of my income. That would be better. But you know, they're just against us single people. That's all there is to it!

BLACK

2. "THE REFUSAL" DISCUSSION QUESTIONS

1. What do you know about Mabel?
2. What is her problem?
3. What is the desired outcome? Is this a realistic goal?
4. How much is the resolution of this problem your responsibility?
5. What courses of action might be suggested to help her solve her problem?
6. What will you do if none of these alternatives work?
7. How can you help her adjust to this situation?
8. Are there any secondary problems suggested in this film? What?
9. What do you think Mabel's expectations are of you?
10. Can you relate to trying to live on very little money?

3. THE VISIT (1 minute, 9 seconds)

Setting: Older woman's home

Actors: Older woman with walker, Mrs. White
Narrator (voice only)

VIDEO AUDIO

CREDITS

WALKING SHOT TO DOOR

Today you are visiting Mrs. White for the first time. She was referred to you as a possible client by her pastor. (KNOCK) He thought she might need some of the community services with which you have contact.

TITLE (THE VISIT)

LADY IN DOORWAY

(LADY IN WALKER OPENS DOOR APPREHENSIVELY)

Yes?

(HELLO, I'M FROM THE OFFICE ON AGING)

(DOOR OPENS MORE) If you've come to take me to that nursing home, you can just forget it!

(BUT, I . . .)

I told my son I wasn't going to go to any nursing home, not as long as I had the strength God gave me.

(I'M SURE THAT . . .)

My son said I had to go to the nursing home because of my arthritis and my spells, but I'm not going! People just go there and die, but I'm not ready to give up yet.

(BUT . . .)

I don't wanna go and live among a lot of old dying people.

(BUT . . .)

Oh, it may not be easy for me living here alone but I'm not going to give it up to go to any nursing home . . . You . . . You can just tell my son I'm not goin! (SLAMS DOOR SHUT)

BLACK

3. "THE VISIT" DISCUSSION QUESTIONS

1. How do you feel about your reaction?

2. What are the problems portrayed in this film?

3. Which of these problems can you help solve? Which would be your first priority?

4. How might you work with her son and her pastor in helping Mrs. White?

5. What are the alternatives for dealing with the lady's confusion?

6. How would you determine her needs?

7. What is the lady's attitude as expressed in her behavior?

8. What are some of the factors in the lady's background that may be contributing to her feelings about nursing homes?

9. Is it within your responsibility and ability to alter her hostility towards and fear of nursing homes? If so, what specifically would you do?

10. What is your attitude about nursing homes?

11. What role do you feel the family should have in the decision of where a person is to live?

12. At what point should the decision of where a person is to live be taken away from him or her? For example, how old? How ill? How incompetent?

4. HAPPY BIRTHDAY, AGATHA (2 minutes, 30 seconds)

Setting: Nutrition site dining area

Actors: Agatha
Neighbors
Hostess
Miscellaneous Seniors
Narrator (voice only)

VIDEO AUDIO

CREDITS

FULL VIEW

(SENIORS EATING, CONVERSATION) Today you are visiting the nutrition site in your community where older people gather for meals. This is a fairly new site so you try to drop in for lunch two or three times a week to see how things are going.

TITLE (HAPPY BIRTHDAY, AGATHA)

AGATHA AND NEIGHBORS

(AGATHA STARING OFF, BLANK FACE. NEIGHBORS TALKING TO OTHERS)

(PERSON NEXT TO AGATHA TURNS TO HER) Aggie, my sister visited me last night. You should have seen her beautiful dress! A kind of blue print . . . (SHAKES HEAD, LOOKS FRUSTRATED AND BEGINS TALKING TO SOMEONE ELSE)

(PERSON ON OTHER SIDE TURNS TO AGATHA) Agatha, are you going to sign up for crafts this afternoon?

No. (STARING DOWN. NO CHANGE IN EXPRESSION)

Oh, you're gonna miss a good one. Frances brought in some new material for the quilt. And, I just love to work on the quilt. Don't you? Don't you? (WAITS FOR ANSWER, PERPLEXED EXPRESSION) (AGATHA CONTINUES STARING OFF AND DOWN)

(GROUP HOSTESS BRINGS IN CAKE) Oh, this is Agatha Bentley's birthday! And we have a cake! Now let's sing happy birthday to Agatha.

(HOSTESS BEGINS SINGING, OTHERS JOIN IN. AGATHA CONTINUES BLANK STARE)

(FINISH SINGING. HOSTESS LOOKS FRUSTRATED. BEGINS TO CUT CAKE. CONVERSATION)

(AGATHA CONTINUES BLANK EXPRESSION)

BLACK

4. "HAPPY BIRTHDAY, AGATHA" DISCUSSION QUESTIONS

1. What kind of person does Agatha seem to be?

2. What is her problem?

3. How does the group in general react to Agatha? Can you count on them to help solve the problem?

4. What factors may have contributed to her problem?

5. Should you try to deal with Agatha's behavior? Why or why not?

6. Do you believe it is up to you to keep everyone in the group happy while you are directing the group? Why or why not?

7. What are the possible strategies for solving this problem?

8. What are the possible consequences of each of the strategies you might employ?

9. How long do you keep trying with no positive results before you give up?

10. One definition of good mental health is based on the ability to interact with others. How does this relate to Agatha? Do you accept this definition?

11. If Agatha has always been a shy person as opposed to one who has become withdrawn only suddenly and recently, how will your actions be different?

12. If there are no other resources in your community currently available to help Agatha, how will you proceed? What resources would you use if they were available?

5. MR. NORRIS (2 minutes)

Setting: Living room

Actors: Mr. Norris in wheel chair
Anna Glencoe

VIDEO AUDIO

CREDITS

WALKING SHOT TO MR. NORRIS

(MR. NORRIS IN WHEEL CHAIR)

TITLE (MR. NORRIS)

(WELL, MR. NORRIS, HERE IS YOUR LUNCH)

(HOW ARE YOU DOING TODAY?)

(TAKING TRAY AND PUTTING ON LAP) I don't feel too bad from surgery . . . Can you stay a few minutes?

(SURE)

Have a seat.

"SIT" BY MR. NORRIS

The pain is nearly all gone now. I feel so helpless sitting here . . . I'm not used to having people wait on me . . .

(I KNOW)

If only I could get out and walk around. (LOOKS WISTFULLY OUT THE WINDOW) I'd like to do things for myself. (KNOCK AT DOOR) Come in!

ANNA

(ANNA ENTERS) Hi . . . Oh . . . I'm sorry. I didn't know you had company.

ANNA, MR. NORRIS

(ANNA WALKS OVER TO NORRIS) This is Chris Williams from the Office on Aging (GESTURES TO CAMERA) Chris, this is Anna Glencoe, one of my neighbors.

(ANNA APPROACHES CAMERA) How do you do? (SHAKES HANDS)

(ANNA TURNS TO NORRIS) I was just going by and thought I'd come to see what you wanted. I'm on my way to the grocery.

Oh . . . Some bread, I guess . . . and maybe some tomato juice.

Fine. You can pay me later. (ANNA MOVES TOWARD DOOR) Nice meeting you, Chris.

(NICE MEETING YOU, TOO)

Bye.

MR. NORRIS

It's nice of Anna to come by and offer to pick things up for me at the grocery. I don't know what I'd do without friends like her and you.

(WE'RE GLAD TO HELP)

I don't know how I can stand just sitting here months on end . . . There's nothing for me to do.

(HAVE YOU CHECKED ON THAT TRANSPORTATION SERVICE?)

I called them. But they don't have a van available. They don't have a van with a lift nor a ramp.

(THAT SURPRISES ME)

They've called all over the county but there just is not a van available . . . I don't know what to do. Sometimes I feel like giving up.

BLACK

5. "MR. NORRIS" DISCUSSION QUESTIONS

1. What will you say to him after he says, "Sometimes I feel like giving up"?

2. What is Mr. Norris's problem?

3. What is Mr. Norris's image of himself?

4. What is realistic to expect of someone who is confined to a wheelchair?

5. What are Mr. Norris's alternatives if he is going to be permanently disabled? (For example, he has bone cancer in his legs and has just had his nerves severed to relieve the pain.)

6. What are Mr. Norris's alternatives if he is only temporarily disabled? (That is, he will recuperate in a few months.)

7. What are the obstacles to Mr. Norris solving his problem?

8. Do you think the neighbor might eventually feel resentful about having to help Mr. Norris?

9. Why is he resisting dependency upon others?

6. THE HOUSE (1 minute, 36 seconds)

Setting: Unsanitary house: Dirty, crowded,
thrown papers, pets, rotten food, etc.

Actors: Narrator (voice only)

VIDEO	AUDIO
CREDITS	
PAN ROOM	This is the home of one of your elderly clients who is losing his senses of sight and smell.
TITLE (THE HOUSE)	
PAN ROOM	
BLACK	

6. "THE HOUSE" DISCUSSION QUESTIONS

1. How do you feel when viewing this setting?
2. How do you think your client might have felt twenty years ago about living in a house in this condition? What changed?
3. What is the immediate problem? What other problems does this infer?
4. Name all the possible solutions to each of these problems.
5. Are any of the solutions more drastic than the problem? Consider the implied consequences of each solution.
6. Should one impose his values on another who is being served? Is this the case here?
7. Is it your responsibility to solve this problem? Do you have the right?
8. Which of the solutions would you choose?
9. What obstacles might you encounter in attempts to solve this problem? How would you deal with each one?
10. Discuss the difference in your approach if the inhabitant wanted to be helped versus an inhabitant who did not want his living conditions changed.

7. RESCUE SQUAD (50 seconds)

Setting: Senior's home, bedroom

Actors: Jonathan

VIDEO AUDIO

CREDITS

HALLWAY

TITLE (RESCUE SQUAD)

(DOOR SLAM) Is that you, Chris?

(YES)

WALKING SHOT TO BEDROOM

Well, come in. (JONATHAN ON BED WITH BLOOD-SOAKED CLOTH HELD ON HEAD)

(WHAT HAPPENED?)

I hit my head on the sink in the bathroom . . . I guess I just slipped. But it's not too bad. See. (STARTS TO LIFT CLOTH)

(WE'D BETTER CALL THE RESCUE SQUAD)

No, we don't need to call the rescue squad. It's not that bad. Really. I'm just an old man anyway, what's the difference?

(WE REALLY SHOULD CALL THE RESCUE SQUAD)

(UPSET) No, no! I don't want to go to the hospital. I don't need to go to the hospital. Don't call the rescue squad!

BLACK

7. "RESCUE SQUAD" DISCUSSION QUESTIONS

1. What determines that a situation is an emergency?

2. Should you let an ill person make that determination?

3. What are the alternative actions you can follow?

4. What are the consequences of each of those actions?

5. What reasons may have caused Jonathan to object to the rescue squad's being called? Are these valid reasons?

6. How much does Jonathan himself affect what you will do? If another person had the same injury would you follow the same course of action?

7. What is Jonathan's view of himself?

8. What other help might you offer Jonathan?

8. CRAFT DAY (55 seconds)

Setting: Craft area at Senior Center

Actors: **Bernice**
Martha (secretary)
Miscellaneous Seniors

VIDEO AUDIO

CREDITS

FULL VIEW OF CRAFT ROOM

(SENIORS WORKING ON CRAFTS, CHATTING)

TITLE (CRAFT DAY)

MEDIUM SHOT, BERNICE AND MARTHA

(BERNICE TURNS TO PASSING SECRETARY) Well, I don't have any pencil . . . Martha, bring me a pencil.

(MARTHA TAKES PENCIL OFF NEXT TABLE, HANDS TO BERNICE) Here you are.

Hand me that stuffed doll pattern.

(MARTHA LEANS OVER TABLE, GETS PATTERN, HANDS TO BERNICE) Here you go.

Well this pencil is not sharp enough! Sharpen it for me, Martha.

(MARTHA TAKES, GETTING PERTURBED. EXITS. BERNICE OPENS PATTERN, LOOKS AT. MARTHA RE-ENTERS, HANDS PENCIL) Here.

Well, where are the scissors? I need some scissors, Martha.

Okay. (LEAVES TO GET SCISSORS. RE-ENTERS WITH SCISSORS) Here Bernice.

(BERNICE BEGINS TO TRACE AND CUT PATTERN. MARTHA APPROACHES CAMERA)

CLOSE UP, MARTHA

(WHISPERS) I am not going to wait on her hand and foot! I don't mind helping out with crafts, but I'm not a slave to anyone. Besides, Bernice is perfectly capable of getting things for herself.

BLACK

8. "CRAFT DAY" DISCUSSION QUESTIONS

1. Describe the problem.

2. Whose problem is this? Should you try to help?

3. What are the alternative solutions?

4. Which would you choose?

5. If you suggest a solution to the problem and that course of action is followed, does that indicate that the problem is solved?

6. Which problem is more relevant to deal with: Margaret's inability to assert herself or Bernice's abuse of Margaret's good nature (Bernice's laziness)?

7. What may be motivating Bernice's actions?

8. Why has Margaret probably been going along with Bernice up to this point?

9. How does Margaret view Bernice?

10. How does Bernice view Margaret?

11. What is their relationship now? What could it be at its best? What could be done to encourage this direction?

12. Who needs your help first or more, Bernice or Margaret?

9. MARGARET'S SISTER (1 minute, 14 seconds)

Setting: Lounge

Actors: Margaret
Margaret's friend

VIDEO AUDIO

CREDITS

FULL SHOT, MARGARET AND FRIEND

(MARGARET CRYING AND FRIEND TRYING TO CONSOLE)

TITLE (MARGARET'S SISTER)

WALKING SHOT TO MARGARET AND FRIEND

That's okay, Margaret. Just go ahead and cry.

(WHAT IS IT, MARGARET?)

(LOOKS UP, SNIFFLES) Oh, I just miss my sister so much today. I just started thinking about her and I can hardly stand it when I think that I'll never see her again. She died a few months back, you know.

(YES, I REMEMBER)

. . . I do have friends here. (LOOKS AROUND) That's why I signed up to come, you know. It isn't really that I needed the food. I just want to be with friends.

(YES)

I've got no family now. And I get so *lonely.* Friends are good but they're not like family. (SNIFFLING) Oh, why couldn't I have died instead of my sister? I hate being alone.

BLACK

9. "MARGARET'S SISTER" DISCUSSION QUESTIONS

1. Describe all the problems inherent in this situation.

2. What is your long-range goal in dealing with this (these) problem(s)?

3. What are the alternative actions one could take?

4. How long is the average "grieving" or "mourning" period? Should you encourage someone to stop mourning? What are the possible consequences?

5. What are all the points of discussion one might have with Margaret?

6. How are "friends" different from "family"?

7. What is the role of an intimate in any person's life?

10. MRS. APPLEGATE'S CHILDREN (1 minute, 45 seconds)

Setting: Senior's home, bedroom

Actors: Mrs. Applegate
Narrator (voice only)

VIDEO AUDIO

CREDITS

WALKING SHOT TO BEDROOM

Mrs. Applegate just called and asked you to come over. Because she is bedridden, you let yourself in.

TITLE (MRS. APPLEGATE'S CHILDREN)

MEDIUM SHOT, MRS. APPLEGATE

(MRS. APPLEGATE, IN BED, LOOKS UP, UPSET) Oh, I'm so glad you're here!

(IS SOMETHING WRONG?)

Yes, it's my children. They don't believe I'm really ill. They think I'm fakin! Joan even told me on the phone that she knew I could get up and walk if I wanted to. I keep telling her that I can't, but she won't believe me.

(HOW DOES YOUR SON FEEL?)

He used to be real good to me. But now Joan has him convinced that he has been babying me and that I really don't need it. I tell them that I need them to help me get food . . . help me wash . . . and that children are *supposed* to help their parents. But mine are so inconsiderate.

(I'M SURE THEY'RE REALLY CONCERNED ABOUT YOU)

Oh no, they aren't. If they would even visit with me once a week or so, I'd know they care. But they don't. And I really need somebody to help me.

(I'LL HELP YOU)

Now that's just it! Why won't my children do things for me? Why must I get someone else? How can they just leave a bedridden mother alone?

BLACK

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10. "MRS. APPLEGATE'S CHILDREN" DISCUSSION QUESTIONS

1. What is the problem(s)?

2. How do you feel about children that neglect their elderly parents?

3. How do you suppose Mrs. Applegate acts when her children are with her?

4. How would you ultimately want Mrs. Applegate to feel? What is the ideal situation?

5. What steps could be taken to solve Mrs. Applegate's problem?

6. Is it within your role to speak with Mrs. Applegate's children?

7. What obstacles might you encounter in attempting to solve the problem? How could you deal with them?

8. If the doctor had confirmed to you that Mrs. Applegate really was "faking it" and could get around more if she tried, how would that alter your behavior?

9. Why do you suppose any son or daughter would ignore and avoid his or her elderly parent?

10. What responsibility do children have in relation to their aging parents?

11. THE WANDERER (1 minute, 24 seconds)

Setting: Office with two desks
Sign on the wall "Office on Aging"

Actors: Worker
Mrs. Rayburn

VIDEO AUDIO

CREDITS

CLOSE UP, DESK TOP

PAPERS MOVE AS IF CAMERA PERSONALITY IS WORKING)

TITLE (THE WANDERER)

FULL VIEW, DOORWAY

(WORKER ENTERS) Good morning . . . (SETS COFFEE DOWN ON WORKER'S DESK, WALKS TOWARD CAMERA)

MEDIUM CLOSE UP, WORKER

Hey, I'm glad you're here. Mrs. Rayburn is due in here at any time now. I'd like it if you'd kinda watch her and listen when we talk. I really need some suggestions on what to do with her. She's always wandering away and then she forgets where she is. It's getting to the point where I'm just not sure what I should do. (LISTEN TO DOOR SOUND) Here she comes. Please listen.

FULL VIEW, WORKER
AND MRS. RAYBURN

(TURNS TO MRS. RAYBURN) Good morning, Mrs. Rayburn. Please sit down. (MRS. RAYBURN SITS) How are you this morning?

FINE . . . I AM JUST FINE.

Good . . . Mrs. Rayburn, I asked you in here this morning to talk to you about something. Something that I'm really worried about.

Oh?

Well, I understand yesterday you tried to hitch a ride home. And then when no one picked you up, you started walking. Luckily one of your neighbors saw you when she came out of the store and she took you home . . . Mrs. Rayburn, it really worries me when you do something like this. Something may happen to you . . .

That wasn't me. I didn't do that.

Are you sure?

Yes . . . Well, I do like to walk sometimes.

BLACK

11. "THE WANDERER" DISCUSSION QUESTIONS

1. If mild confusion is the extent of Mrs. Rayburn's problem, what are all the alternative strategies which you could take?

2. What are the consequences of each of the strategies named?

3. At what point do you feel obligated to consider guardianship or a change of living environment? How confused does Mrs. Rayburn have to be? Who decides when this point is reached?

4. What is your responsibility in relation to Mrs. Rayburn?

5. How do you suppose Mrs. Rayburn perceives her confusion?

6. What is the point of distinction between eccentricity and senility?

7. Are there any "techniques" which can be used to insure Mrs. Rayburn's safety? (For example, someone calling her twice a day to make sure she is home.)

12. THE LUNCH TRAYS (45 seconds)

Setting: Cafeteria

Actors: Two foreign-speaking men
Cafeteria worker
Miscellaneous Seniors

VIDEO AUDIO

CREDITS

FULL VIEW

TITLE (THE LUNCH TRAYS)

Okay, everybody . . . uh, food's ready. Line up for your trays and let's get started. (MISC. SENIORS IN CAFETERIA LINE, GET FOOD)

Hi.

Hi, how are you?

Oh fine thanks.

What can I do for you?

Cup of coffee.

Okay. Here you go.

(TWO MEN GRAB FOR THE SAME TRAY)
Hey . . . hey that's a my tray!

(MEN YELL AT EACH OTHER IN BROKEN ENGLISH. WORKER TRIES TO STOP THE ARGUMENT. MEN CONTINUE YELLING. WORKER LOOKS FRANTIC)

Chris! Chris, come over here and do something!

BLACK

12. "LUNCH TRAYS" DISCUSSION QUESTIONS

1. What is the problem? Why is this a problem?

2. If this is a recurring event with these gentlemen, what are the alternative ways you could deal with the situation?

3. How would your actions differ if they had just met?

4. What do you suppose the reaction would be to each of those alternative actions?

5. Do you agree with the idea that old people should be treated like children if they behave like children? Why or why not?

6. How do you feel talking with someone who speaks either with a heavy accent or doesn't speak English at all?

7. What techniques can be effective for communicating with someone whose original language is not English?

8. Discuss cultural factors which may cause some behaviors generally unacceptable in our society to be acceptable in a sub-culture.

13. THE MEDICINE (38 seconds)

Setting: Nutrition site dining area

Actors: Ruby
Worker
Miscellaneous Seniors

VIDEO AUDIO

CREDITS

FULL VIEW

(SENIORS EATING AND CHATTING AT TABLES)

TITLE (THE MEDICINE)

(RUBY TAKES OUT LIQUID MEDICINE, SPILLS ON TABLE AND NEIGHBORS' CLOTHES)

(NEIGHBORS LOOK DISGUSTED, MUMBLE REMARKS)

See what you've done . . .

Oh I'm so sorry

You spoiled my dress. Just got it out of the cleaners.

I'm so sorry. I'm awfully sorry. Don't get mad at me. I'll pay for it. Don't leave.

BLACK

(WORKER COMES OVER TO CLEAN UP MEDICINE. NEARBY SENIORS MOVE OUT OF WAY WITH A FUSS)

I'm sorry about yours, too. Don't leave. I'm sorry. I'm clumsy, I'm just clumsy as I can be. And I'm so sorry, so sorry. I wonder what I can do. I'm so sorry I'm clumsy and wonder what I can do to make amends for bein' so clumsy. I'm just as clumsy as I can be. I don't think I'll sit here anymore with 'em cause I'm just so clumsy. I'll get by myself.

13. "THE MEDICINE" DISCUSSION QUESTIONS

1. What was your immediate reaction?
2. What are other possible reactions?
3. What could you do with Ruby to help her solve or deal with the problem? What might you do with the others in the room who are reacting negatively towards Ruby's spilling?
4. If this or a similar situation happened every day with this lady how would you try to help her?
5. Why do you suppose the others in the group reacted as they did?
6. How do you think Ruby feels about the aging process?
7. Can anything be done to help elderly people who have trouble manipulating things? (Some retraining perhaps?)
8. What can be done to help older people accept and deal with this decreasing capacity?

14. TROUBLES (1 minute, 23 seconds)

Setting: Lounge at the Center

Actors: Troy Hopewell

VIDEO AUDIO

CREDITS

WALKING SHOT INTO LOUNGE

TITLE (TROUBLES)

MEDIUM CLOSE UP, TROY

(TROY, SEATED, LOOKING DEPRESSED)

(GOOD MORNING, TROY)

(HOW ARE YOU?)

(TROY LOOKS UP AT CAMERA) Oh, Chris, I just feel awful. It just seems like everything's wrong.

(WHAT'S THE MATTER?)

Well, for one thing, I'm having trouble with my back again . . . (REACHES TO BACK, WINCES) I can't even make it to the grocery now. I just can't stand to be on my feet long enough. And I do need to get some things, but my back feels better when I just rest.

(I M SORRY YOUR BACK IS BOTHERING YOU SO MUCH)

(MAYBE WE CAN . . .)

If it was only my back, uh, bothering me I could manage. But everything else is going wrong, too. My son, Bill, is scheduled for, uh, surgery tomorrow. And I'm so worried about him. The doctors say he'll be fine. But they always tell you that.

(I'M SORRY THEY HAVE TO OPERATE ON HIM AGAIN)

And Clarisa is so sick with the flu . . . Everything seems to be falling apart all at once. I don't know how I'll manage.

BLACK

14. "TROUBLES" DISCUSSION QUESTIONS

1. What kind of help does Troy need?

2. What is your responsibility in this case?

3. What are all the possible ways to help Troy?

4. Have you experienced having your life seem to fall apart around you? How did it feel? What did you do about it?

5. Discuss the differences between telling Troy how to solve his problems and listening to him. Which is more appropriate?

6. How would you react to Troy if you knew him to be a chronic complainer versus someone who has suddenly acquired a number of problems?

7. What is Troy's attitude towards life now?

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15. THE GRANDSON (1 minute, 47 seconds)

Setting: Mr. Nicholsen's living room

Actors: Harold Nicholsen (grandfather)
Kenny Nicholsen (grandson)
Narrator (voice only)

VIDEO AUDIO

CREDITS

HAROLD, MEDIUM CLOSE UP

(HAROLD SITTING IN CHAIR, TALKING TO CAMERA)

TITLE (THE GRANDSON)

You are visiting with Harold Nicholsen today. He is one of your regular clients. You try to check on him every couple of months to make sure things are going all right.

(HAROLD, I'M NOT SURE I UNDERSTAND)

(WOULD YOU EXPLAIN A LITTLE MORE PLEASE?)

Okay, it's like this. It's my grandson Kenny, he came to stay with me about two months ago. He had a fight with his dad so he came over here and now he's decided to stay.

(IS IT WORKING OUT FOR THE TWO OF YOU?)

I don't know, I just don't know. He is my kin, and we used to have such fun fooling around together when he was a little tyke, but he's a bad boy now.

(HOW DO YOU MEAN?)

TWO SHOT

(DOOR SLAM. KENNY PASSES THROUGH GOING TOWARDS FRONT DOOR) Wait, Kenny, where are you going? When will you be back?

Going out, you old codger, I'll be back when I get back.

HAROLD

He really has changed. He won't look for work, and we both have to live off what the SSI check brings us once a month, and you know how little that is.

(THAT MAY CAUSE ELIGIBILITY PROBLEMS AT THE WELFARE OFFICE)

Oh dear, and on top of that I think he's stealing stuff from around the house. I can't find my watch, the one my father gave me. You know, the old pocket watch. And on top of that also, he's flashing money around the house at times.

(WHY DON'T YOU ASK HIM TO LEAVE?)

I can't do that! I won't. Besides, where could he turn for help? And what are blood relatives for?

BLACK

15. "THE GRANDSON" DISCUSSION QUESTIONS

1. What is the problem?

2. Should you try to convince Mr. Nicholsen to ask his grandson to leave? Why or why not?

3. Would you try to involve the rest of the family? Why or why not?

4. Would it be within your role to discuss the situation with Kenny? If so, how would you approach him?

5. What are other alternative ways to handle this problem? Which would you choose?

6. At what point do you give up?

7. Is Mr. Nicholsen's reaction of "blood is thicker than water" common?

8. What do you think you should do about the fact that Kenny may be involved in illegal activities?

9. Will you turn Harold Nicholsen in and expose his living arrangements to the welfare office? Why or why not?

16. ROLE PLAY: "MRS. SMITH"

SYLVIA SMITH

You are an elderly widow. You live in the family's old house on the edge of town. You want to stay in the old home because it is so full of memories and just because you're used to living there. But sometimes it's awfully lonely. Most of your friends have either died or have moved away and forgotten you. None of your family lives in town now and your young neighbors aren't at all friendly. You've stopped going to church gatherings because there's no one there you know anymore. Besides, since you've been ill it's getting more and more difficult to get out. It's all you can do to get to the grocery and the doctor's.

Some people from the old people's agency have been out to see you. They say they want to help you when they realize how hard your life is. But they never come up with anything that would really help. Just yesterday a young worker named Alice was out to the house. She asked a lot of questions and told you about some services they have. Alice suggested you join the drama group at the senior center. But they're so unprofessional. You know you wouldn't be happy there and they wouldn't be happy with you. She made other suggestions, too. But none of them would work out. You suppose she really was trying to be helpful but she just doesn't understand. You finally told her that you've lived here alone for several years and even though it's difficult, you're sure you can keep on for several years more.

Today, you are going to see Alice again. She said she might bring Pat Albion, who is her supervisor, along. You have known Pat for a couple of years.

16. ROLE PLAY: "MRS. SMITH"

ALICE BRADFORD

You are a newly hired outreach worker. Even though you have only been on the job a short time, you already find your work very gratifying. You have visited several clients whom you were able to help by alerting them to available services.

However, yesterday you had one frustrating visit. You had been asked to visit Sylvia Smith, an elderly widow who lives by herself. As you talked with Mrs. Smith, you realized that she is a very lonely lady who needs some social contact and activity. Yet she uses her illness as an excuse for not getting out. When you made suggestions to help her get involved with others, she pretended to be satisfied with just her grocery trips, visits to the doctor, and staying home alone. She wants to maintain her old routine and hold onto the past. However, she complains about not having any family, close friends, church, friendly neighbors, etc. You wonder if she's afraid to seek out new friends.

You know that Pat Albion, your supervisor, knows Mrs. Smith, and decide to have Pat join you when you see Mrs. Smith today.

16. ROLE PLAY: "MRS. SMITH"

PAT ALBION

It has been brought to your attention that the new outreach worker, Alice Bradford, whom you supervise, is having trouble with Mrs. Smith. You know from past experience that Mrs. Smith is a lady who cannot be pleased. She makes it impossible for people to help her and seems to enjoy being miserable.

You want to talk with Alice so that her experience with Mrs. Smith won't diminish her enthusiasm. You feel Alice has the potential to be a very effective outreach worker. And, at the same time you must decide what to do about Mrs. Smith, whom the other outreach workers have nicknamed the "martyr".

You are going with Alice to see Mrs. Smith today.

16. "MRS. SMITH" DISCUSSION QUESTIONS

1. Should Pat Albion tell Alice Bradford about Mrs. Smith or let her work out the situation for herself? Why?
2. What is your goal in helping Mrs. Smith?
3. What is Mrs. Smith's goal?
4. What alternatives are there for helping Mrs. Smith help herself?
5. What are the possible consequences of each alternative?
6. Which one would you choose? Why?
7. What would you do if none of the alternatives are effective?
8. How can one deal with martyrs without feeding their martyrdom?
9. How do you feel when you offer practical solutions and they are rejected?
10. At what point do you terminate service to an individual who constantly complains but rejects help?

17. ROLE PLAY: "THE BLACKBURN FAMILY"

HENRY BLACKBURN

You are an 85 year-old man who lives alone in an apartment. You enjoy your life there. Age has slowed you down a bit, but you still feel quite capable of taking care of yourself. You have several friends in the building and you even like the times you are completely alone so that you can pursue your hobby, photography.

Recently your daughter, Doris Butler, who lives on the other side of town, has been trying to convince you to move in with her and her family. You feel that she treats you like you're old and feeble and can't do anything for yourself. She's always trying to do things and make decisions for you. You know if you moved in with her you would lose all your independence. Even though you know your daughter loves you, you are very hurt by her attitude.

17. ROLE PLAY: "THE BLACKBURN FAMILY"

DORIS BLACKBURN BUTLER

You are a 55 year-old woman with a family and a part-time job as a secretary for an insurance company. Your mother passed away several years ago and your father lives alone in an apartment on the other side of town. You are very concerned about him living by himself and trying to manage his own affairs independently. He is quite old and just doesn't understand today's world. You're afraid he'll be taken advantage of or harmed. You think he is just too old to take care of himself. You are trying to convince him to move in with you and your family so he can be watched after, but he is a very stubborn man.

17. ROLE PLAY: "THE BLACKBURN FAMILY"

JAMIE SPROUT

You are the worker assigned to Mr. Blackburn, an 85 year-old man who lives alone in an apartment. Lately he has complained that his daughter, Doris Butler, wants him to give up his independent life and come live with her and her family. He is an elderly gentleman, but seems to get around all right and has control of his mental faculties. He has done for himself all his life and is offended at the thought of being cared for by someone else.

His daughter Doris has her father's best interests at heart but does not understand her father's feelings concerning the proposed move. She honestly believes he needs to be cared for and wants to help him.

You have been asked to talk with Mr. Blackburn and his daughter to settle this problem.

17. "THE BLACKBURN FAMILY" DISCUSSION QUESTIONS

1. What is the main problem in this role play?
2. What is (are) the secondary problem(s) apparent in this role play?
3. How does Mr. Blackburn want to solve the problem?
4. How does his daughter want to solve it?
5. What are other alternatives?
6. What is Jamie Sprout's responsibility?
7. What are the possible consequences of each of the proposed solutions in questions 3, 4 and 5?
8. What is the best alternative solution?
9. How should the solution be implemented and by whom?
10. Discuss the roles of independence and interdependence in families.

18. ROLE PLAY: "THE PHONE CALL"

MR. CRATS

You are an old man, nearly 84 now, and you feel you've lived your life. You were a hard worker, employed at the plant for fifty good years. You were a good husband to your wife, Anna, and a good father to your three children.

Anna has been dead now for ten years and the children all have their own families in different cities. So you live all alone. You do hear from the children on holidays. And, they each send money to help you pay your bills.

You don't have anything to do. All your old friends have passed on. And you feel it's to difficult for you to get out with your arthritis. You don't even want to go to therapy at the clinic anymore. You feel it's senseless to fix up an old body.

It seems as if everyone would be better off if you would die in your sleep some night. You wouldn't be a burden to the children anymore. And no one would really miss you. You don't understand why a person can't just die when he has already served his usefulness and no one needs him anymore. You feel you're really too old to be worth anything.

The phone is ringing now. You answer and find it's Lee Wilson, who calls you periodically as part of the telephone reassurance program.

18. ROLE PLAY: "THE PHONE CALL"

LEE WILSON

You are a volunteer who calls several older people periodically as part of the telephone reassurance program. You check to see if they're all right and chat with them awhile.

You've been calling Mr. Crats for two months now. He lives alone in the old section of town. At first he seemed well-adjusted and quite capable of handling his arthritic handicap. But lately he seems a little depressed and nervous.

You called the clinic he goes to this morning to check on his progress. They told you he used to visit the clinic regularly for physical therapy and was doing well. But his visits have recently ceased. They called to inquire about his absence, and he refused further treatment.

You decide to call Mr. Crats.

18. "THE PHONE CALL" DISCUSSION QUESTIONS

1. What is Mr. Crat's major problem?
2. How would you hope Mr. Crats could feel?
3. What is the relevance in Mr. Crat's refusal to go to therapy?
4. What is Mr. Crat's image of himself?
5. What alternatives are there for helping Mr. Crats solve his problem?
6. What would you try first? Why?
7. What would you do if none of the alternatives work?
8. Are there other problems implied? If so, what?
9. What can you do to help Mr. Crats solve these?
10. Should elderly people be allowed to give up trying to live?

19. ROLE PLAY: "PET FOOD"

GERTRUDE ENSWILER

You are an elderly lady. Each day you eat lunch at the Senior Center. When lunch is almost over you usually check around to see if you can collect leftovers for your dog. You feel it's a shame to throw out good food when scraps are all you can give to the dog.

You ask each person if they are going to eat all of their food. Some give you food to put in your little bag for the dog, but others are mean and selfish. You feel hurt when they say no. You feel they don't like you and your dog.

Shirley, Herbert and Virgil are almost done eating. You decide to ask them for leftovers.

19. ROLE PLAY: "PET FOOD"

SHIRLEY WOJAKOWSKI

You are an elderly lady. You have difficulty getting enough food with your limited means, so you signed up for lunches at the Senior Center several weeks ago. You savor each bite of your lunch because your other meals are meager or non-existent. Whenever possible, you get seconds. You never waste a bit of food.

Today, as before, Gertrude is making rounds as people finish eating, trying to get scraps for her pet. It's hard for you to accept collecting food for a pet's dinner when you probably won't have much dinner yourself.

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19. ROLE PLAY: "PET FOOD"

HERBERT DINSMORE

You are an elderly gentleman. You live in the senior housing next door to the town's Senior Center. Each day you eat lunch at the Center. You enjoy lunches as long as things go smoothly. You hate it on some days when there is some sort of confusion that interrupts your lunch. On these days you become quite irritable.

It is lunch time now and already there was some delay due to a reservation foul-up. You can feel your temper getting short so you decide to eat alone.

As you eat, you notice Gertrude stopping by each person, asking for left-overs for her pet. She is coming over to you.

19. ROLE PLAY: "PET FOOD"

VIRGIL HENRY

You are an elderly gentleman who eats lunch at the Senior Center. You like most of the people you have met there. There is really only one lady who annoys you: Gertrude Enswiler. She is always bugging people for something.

Today at lunch you see Gertrude stopping by each person's plate asking for leftovers. If they don't answer quickly enough, she just grabs the food.

Gertrude is coming over to you now.

19. ROLE PLAY: "PET FOOD"

DONNA VORLICK

You are a worker at the local Senior Center. One of your duties is to supervise the lunch room. Usually things run quite smoothly and you can just chat with the seniors.

Today you notice Gertrude Enswiler is asking people for leftovers for her pet. Some of them really seem irritated with her request and her brash nature in general. You decide to go over and talk with them before the situation gets heated.

19. "PET FOOD" DISCUSSION QUESTIONS

1. Is Gertrude wrong in wanting to take leftovers to her dog?
2. Are Virgil, Herbert and Shirley justified in their irritation at Gertrude?
3. How could you handle the immediate situation?
4. What could you do to help this problem in the long run?
5. Does Gertrude realize her behavior is irritating?
6. How do you feel about mediating arguments?
7. Should non-conflict always be the goal?
8. Whose behavior needs to be modified?

20. ROLE PLAY: "PRIDE"

MRS. ABERNATHY

You are a widow in your late 70's. You have cared for yourself since your husband died three years ago. Life is not always easy for you, but you are proud that you are able to make it on your own. Some months you can't pay the bills, and you've had to change your diet to tea and toast; but you're determined to make it on your own.

Last week a lady came to visit you. She told you all about some local programs for food, financial help, home care, medical care, etc., for which you qualify. You realize she was only trying to be helpful, but you don't want any handouts. As long as the Lord gives you strength, you will make your own way. Others might feel they deserve help from these programs since they paid taxes for many years, but you don't agree. You have taken care of yourself without any help so far and you will continue to do so.

Now that lady is here to talk with you again.

20. ROLE PLAY: "PRIDE"

KAREN McCARTHY

You are an outreach worker in your home town. It is your job to make needy elderly people aware of programs that can help them.

Last week you visited Mrs. Abernathy, an elderly widow referred to you by one of her neighbors. Her income from Social Security and insurance is quite low. She really does not have enough resources to maintain her home, to afford a nutritious diet, and to obtain sufficient medical care. However, when you visited her she did not seem interested in any of the programs you described.

Afterwards, you contacted the neighbor who had told you about Mrs. Abernathy. She explained that Mrs. Abernathy is a very proud woman. Pride will not let her take any free help, even though she needs it.

You decide to visit Mrs. Abernathy again to try a new approach.

20. "PRIDE" DISCUSSION QUESTIONS

1. What are the problems here?

2. Who has to deal with these problems?

3. How will you try to handle the situation?

4. Should you continue to try and force help on Mrs. Abernathy when she doesn't want it? Do you think she is misunderstanding your services as charity?

5. How are government programs regarded by some people? Why is this the case?

6. If Mrs. Abernathy does consent to accepting services do you think her self identity will be altered or injured?

7. Discuss how independence as a virtue has developed in the American culture? Has this been a valid value?

8. At what point do you leave Mrs. Abernathy alone?

21. ROLE PLAY: "STRANGERS AND BUGS"

AGNES O'REILLY

You are an 82 year-old widow. You live alone in your family's old house. You have taken care of yourself for the last several years.

Lately, things have started to occur which you can't quite explain. You're not really sure what's happening.

Today there are people in your backyard. Some of them have come into the kitchen and have written on the table.

You hear strange noises coming from the refrigerator. You think maybe it's bugs from outside coming through the cord. You are worried that they will destroy your food.

You called your friend from the agency, Janet Coleman, to help you. But the secretary said she was out.

The telephone is ringing now. You hope it is Janet.

21. ROLE PLAY: "STRANGERS AND BUGS"

JANET COLEMAN

You are a worker with an agency which aids senior citizens. You have several clients with whom you are currently working.

One of your clients is Agnes O'Reilly. She is an 82 year-old widow who lives in an old house by herself. She gets around well on her own and seems quite pleased that she can take care of herself.

You were just out to visit her last week and she was getting along fine.

The secretary told you that Agnes called this morning while you were out and seemed a bit upset. You decide to call her back.

21. "STRANGERS AND BUGS" DISCUSSION QUESTIONS

1. How does Agnes perceive her problem?

2. What are the different things you could say to Agnes?

3. Should you tell her she is confused, seeing things, etc.?

4. What would be the probable consequences of each of those alternatives?

5. Can Agnes function all right by herself with this amount of confusion?

6. If you thought the things which Agnes is perceiving were happening to you, what would your reaction be? (e.g., the strangers writing on the table and bugs in the refrigerator cord.)

7. What is your perception of senility and mental confusion?

8. At what point would someone like Agnes need a guardian or some sort of constant supervision? Who decides when this point is reached?

9. What is your responsibility for Agnes?

10. What other action might you take?

22. ROLE PLAY: "THE VOLUNTEER"

MRS. PAXTON

You are an older woman. Since housekeeping takes so little time now, you have filled your days by volunteering and participating at the Senior Center for the past few years. You have really enjoyed the fellowship there.

Yesterday, the worker who supervises the volunteers, Mr. Youngman, told you not to do the lunch reservation count anymore. This really upset you because he has switched your job about six times in the last month. He treats you like a piece of unwanted furniture and moves you about from place to place. You've done your best, but Mr. Youngman is never satisfied.

You told Mrs. Bradley, the director, about the problem and she is going to talk with you and Mr. Youngman.

22. ROLE PLAY: "THE VOLUNTEER"

DICK YOUNGMAN

You work at the town's Senior Center. Among your many duties, you supervise some of the senior volunteers who work at the Center. It's generally a very pleasant and rewarding job. However, lately you have been having trouble with one elderly volunteer, Mrs. Paxton. She is a very dedicated worker, almost a fanatic about helping out. But unfortunately she can't do any task correctly. Everything you assign her to do has to be redone by you or someone else. And usually it's more difficult to untangle her messes than it would have been to do the job yourself in the first place. You realize she needs something to do and wants to be needed. But she is making your work very difficult.

The last job you gave Mrs. Paxton was to check the reservation list and order the appropriate number of lunches each day. True to form, she messed up the count two days in a row. This created extra lunches the first day and delayed lunches the second day when the count was short. You told Mrs. Paxton you would find another job for her and she became very upset.

Now you must try to find a solution with Mrs. Paxton and Jane Bradley, your supervisor.

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22. ROLE PLAY: "THE VOLUNTEER"

JANE BRADLEY

You direct the Senior Center. Yesterday, one of the older volunteers, Mrs. Paxton, came to you very upset. It seems that Mr. Youngman, one of your staff, told her she couldn't do the lunch reservation count anymore. Mrs. Paxton said she had been working at the Center since it opened and never had any trouble until Mr. Youngman started working. It seems Mr. Youngman always finds something wrong with everything she does and then moves her to another job.

You don't have any reason to doubt the good intentions of either of them. Mr. Youngman is a good worker and well-liked by most of the seniors. And Mrs. Paxton is almost a fixture at the Center since she has volunteered there so long.

You must help them solve their differences and find a solution to the problem.

22. "THE VOLUNTEER" DISCUSSION QUESTIONS

1. What is the goal in solving this problem?
2. What are the needs of Mrs. Paxton and Mr. Youngman?
3. What are all the possible ways this problem could have been handled?
4. How would the reactions or consequences differ for each of these solutions?
5. What if there really does appear to be nothing Mrs. Paxton can do without messing it up?
6. What is more important, making Mrs. Paxton feel needed or having a job done correctly?
7. How can one tactfully refuse volunteer help when the volunteer isn't really helping?

23. ROLE PLAY: "MOVING"

SUSAN McLAUGHLIN

You are an outreach worker. Lately you have been working with Virginia Nelson. Mrs. Nelson is an elderly lady who lives alone in her family's house. You're concerned about her because she's extremely forgetful. She doesn't remember things from one day to the next. She even forgets to bathe and she used to forget to turn off the gas on her stove, so her son Donald had it disconnected.

You tried to get her a homemaker, but the agency felt she should be in a nursing home. Mrs. Nelson was opposed to going to a nursing home, so you checked into a private home where she could board and stay. But when you proposed the idea to Mrs. Nelson, she said she didn't want to stay anywhere but in her own place. She doesn't want to make the adjustment to someone else taking care of her. She says she's happy where she is and will manage to take care of herself.

You have also checked into some other alternatives, but none have seemed to please her.

You are frustrated with Mrs. Nelson, so you have asked her son Donald and Mrs. Pickerington, your supervisor, to meet with you and Mrs. Nelson. Perhaps they can help you persuade her to give up her home for her own good.

23. ROLE PLAY: "MOVING"

SALLY PICKERINGTON

You are the supervisor for the outreach workers. One of your workers, Susan McLaughlin, has asked you to join her on a case. Susan says that her client, Mrs. Nelson, refuses to move out of her home. She tells you that Mrs. Nelson is extremely forgetful and incapable of self-care so she must move where she can be taken care of.

You know that when Susan is frustrated with a case, she can become too pushy. You are glad to be asked along so you can keep things in perspective and on an even keel.

The client's son, Donald Nelson, has also been asked to meet with you.

23. ROLE PLAY: "MOVING"

VIRGINIA NELSON

You are an elderly lady. You live alone in the family house. But your son Donald does come to visit you occasionally.

Lately Donald and the people from the agency have been trying to get you to move. You don't want to leave the house. Every room, every piece of furniture has become a part of you over the years. It's all you have left of your life with your late husband. Besides, you don't want to have to adjust to a new place. You don't want to have to start over again. You like your life the way it is.

Sometimes it's difficult to care for yourself and the house, but you feel you can manage.

Today you are going to talk again with Donald and the people from the agency, Susan McLaughlin and Sally Pickerington.

23. ROLE PLAY: "MOVING"

DONALD NELSON

You are a 55 year-old businessman. Your business takes you out of town for frequent and lengthy trips. You enjoy this aspect of your work, but you worry about your mother when you are away. You care about her, but you don't get to see her very often due to business. She lives alone in the family's old house. Lately, she has become quite forgetful. She even forgot to turn off the gas on the stove when she was done cooking. So you finally had the gas company turn it off.

A young outreach worker has been trying to get your mother to move out of the house to a home where people will care for her. You think this may be a good idea, but you don't want to do anything against your mother's wishes. She does not want to move.

The worker, Susan McLaughlin, has asked you to meet with her, your mother, and her supervisor to discuss the problem.

23. "MOVING" DISCUSSION QUESTIONS

1. What were the differing views of this problem?

2. What are the possible alternatives for Virginia Nelson other than a nursing home?

3. How do you feel when you know someone should follow your advice for their own good and they resist?

4. How can Sally Pickerington, the supervisor, keep Susan McLaughlin from going overboard without embarrassing her in front of the group?

5. Do you think Virginia Nelson's feelings for her home outweigh the advantages of a safer environment?

6. What role should Virginia play in determining her living situation?

7. Does Virginia realize the possible accidents which might occur if she continues to live at home?

8. How do you decide when an elderly person cannot make responsible decisions for himself or herself?

24. ROLE PLAY: "HOMEMAKER VERSUS HOUSEKEEPER"

MADELINE SHAPIRO

You are an elderly lady who lives alone. You were very happy with your life until two weeks ago. Two weeks ago your relatives hired a regular housekeeper because they felt you needed someone to do heavy housekeeping. So Odette, your former homemaker aide, stopped coming.

You really liked Odette because she would stop and chat with you and keep you company at lunch. She was such a dear girl. But now she doesn't need to come because there's a hired girl. The hired girl isn't like Odette. She's a pretty good cleaner, but she doesn't stop to eat lunch with you or anything. She doesn't know how to do things just right like Odette did.

Ever since Odette stopped coming you haven't wanted to eat lunch. It just isn't the same.

This morning Odette called and said she would stop by to say hello.

24. ROLE PLAY: "HOMEMAKER VERSUS HOUSEKEEPER"

ODETTE COOPER

You are a homemaker aide. Mrs. Shaptro is a former client of yours. Two weeks ago, she informed you that her relatives had decided to hire a regular housekeeper for her. So, you don't go to her house anymore. Mrs. Shapiro was a little upset when you told her you wouldn't be coming anymore.

She was such a nice lady, you decide to pay her a short visit. You called this morning and set a time to visit with her today. She was so overly pleased to hear from you that you're a little apprehensive about the visit. You're afraid she isn't giving the new girl a chance and will want you back. That is not possible.

24. "HOMEMAKER VERSUS HOUSEKEEPER" DISCUSSION QUESTIONS

1. What is the problem in this situation?

2. What can be done to solve this problem?

3. What are the varying consequences of the different ways of dealing with this problem?

4. What would you do first?

5. Is Madeline Shapiro being immature?

6. Does Odette have any responsibility for Mrs. Shapiro as a worker or as a friend?

7. Is it frightening to feel that someone depends upon you so much when they are just a small part of your life?

8. Should Odette talk with the new housekeeper or would she be over-stepping her role?

9. What are the differences between the worker role and the friend role?

25. ROLE PLAY: "LUNCH RESERVATIONS"

MRS. WELSCH

You are an elderly lady. Each day you eat at the nutrition site near the business section. You appreciate being able to go there, not only for the meal, but also the company. You have made several friends since you have been going there.

Yesterday you overheard Doris, the lady in charge of ordering lunches, complaining that Florence James reserved a lunch for all week and hadn't been in at all. Flo is one of your good friends, so you wonder why she would reserve lunches and not come in. You hope nothing is wrong. Flo is a nice lady, but sometimes she's not very considerate of others. Listening to Doris you realize the difficulty one causes by making a lunch reservation and not using it. The lunches are prepared according to the number of reservations and cost the program precious money. You are proud that you have always been careful to make lunch reservations and then use them.

Today as you are talking with Doris and Mr. Ganza, the director, in the dining room, you notice Flo is back. You're really glad to see her. You're just about to go over and see how she is when Doris looks up and sees her, too. Flo is walking over to you, Doris, Mr. Ganza, and Mr. Ambercombe, a friend of yours who also eats at the site regularly. So, you decide to wait there and see what she has to say.

25. ROLE PLAY: "LUNCH RESERVATIONS"

FLORENCE JAMES

You are an elderly woman. You have lost almost all your family. Your only living relative is your sister Nadine who lives in Clarmont.

Your lack of family doesn't usually bother you because you're not really lonely. Over the past couple years you have made lots of friends at the nutrition site in your neighborhood. You are a regular participant in the program so you know almost everyone there. There's Doris, who takes care of lunch reservations; Mr. Ganza, the director; and the cooks, Gina, Beverly, and Marsha. And there are many regular participants like Mrs. Welsch, Mr. Ambercombe and Mrs. Crowley, whom you see nearly everyday.

You can hardly wait to see your friends at the nutrition site today. You haven't been there the last couple of days because your sister Nadine paid you a surprise visit. It will be fun to share the news of Nadine's visit with all your friends.

Just as you enter the room you remember that you forgot to cancel your lunch reservations while Nadine was visiting. You feel guilty for a second, because Doris is always harping about people who misuse the reservation system. But you're sure it will be alright with everyone when they find out about Nadine's visit. The lunches are all free anyway, so it's okay to miss a couple.

You decide to explain it to Doris and Mr. Ganza who are presently chatting with Mrs. Welsch and Mr. Ambercombe.

25. ROLE PLAY: "LUNCH RESERVATIONS"

MR. GANZA

You are the director of one of the city's nutrition sites. It is a very successful site, serving many senior citizens each day. You are very proud of its smooth and effective operation.

One of your workers, Doris, is presently having a problem, however. She is responsible for ordering the lunches each day according to the reservation list. It seems there has been a rash lately of participants who don't follow the reservation procedures. This has resulted in extra lunches on some days and not enough lunches on others.

Just this morning Doris told you about a man she had to turn away last week because there weren't enough lunches. And now this week there are too many lunches because some people like Miss James made reservations and never came.

You are chatting with Doris and two of the regular participants, Mrs. Welsch and Mr. Ambercombe, in the dining room now and you notice Miss James entering the room. You know Doris will say something to Miss James so you want to stay and join in their conversation. Miss James was in error when she didn't cancel her lunch reservation and must realize the importance of following the procedures. But at the same time, you don't want Doris to make a scene or upset Miss James. The nutrition site must run smoothly!

25. ROLE PLAY: "LUNCH RESERVATIONS"

DORIS RUSSELL

You work at the local nutrition site. One of your duties there is to check the reservation list each day and order the correct number of lunches. Sometimes this simple task can be quite frustrating. Seniors sometimes forget to cancel reservations, or don't make them and expect to be served. In fact, just last week you had the unpleasant task of telling an elderly gentleman that there just wasn't enough food for him because someone else did not use the reservation system properly. Even regulars like Miss James don't always follow the procedures. She made reservations for all week as usual and hasn't been in at all yet. This morning you finally cancelled her reservation for her so there wouldn't be wasted food.

Lunch is just about ready now. The last few participants are coming into the dining room. You notice that Florence James is among them. You had just cancelled her reservation this morning to avoid wasting a lunch and now she's here! You decide to go over to her and try to make her understand the importance of using the reservation system properly. Perhaps she won't even be able to eat today.

Mr. Ganza, the center's director, is standing with you and two of the regular participants, Mrs. Welsch and Mr. Ambercombe. You're sure he'll back you up in your talk with Miss James.

25. ROLE PLAY: "LUNCH RESERVATIONS"

MR. AMBERCOMBE

You are an elderly man. You live in the senior housing apartments on the edge of town. You really enjoy living there because there are so many people your age who share your interests. You often play cards with John and Harry, and you enjoy talking about sports with Harvey.

You also have several friends at the nutrition site down near the business section. You go there almost every day for lunch. Ususally you sit with Flo James, Mrs. Welsch and Virgil Cooley. But this week, Flo hasn't been there. Mrs. Welsch said she was going to call her if she didn't come soon.

Today you are sitting with Mrs. Welsch waiting for lunch to begin and you're talking with Doris Russell who manages the lunch reservations and Mr. Ganza, the director of the site. Doris has been fussing about Flo missing lunches this week without cancelling her reservations. She really gets in an uproar over that reservation list of hers sometimes. You really can't understand what all the fuss is about. So what if you forget to make a reservation, there's usually enough. Doris shouldn't make such a big deal out of her reservation list.

Just as you're about to say something to Doris, you see Flo coming into the dining room. She sees you, Mrs. Welsch, Doris, and Mr. Ganza, and is coming over to you.

25. "LUNCH RESERVATIONS" DISCUSSION QUESTIONS

1. What are the problems here?

2. What is the desired goal?

3. What are the different ways to arrive at this goal?

4. Should a smooth running lunch site be a high priority?

5. Should the seniors take more responsibility for the effective operation of their lunch site?

6. What is the best means of teaching people to be sensitive to another's situation and be more considerate?

7. How do you feel when some people are inconsiderate because they don't have to pay for services and don't see the importance of following the procedures?

8. Should Mr. Ganza be more concerned with the seniors feeling comfortable using the site or the efficient operation of the service?

26. ROLE PLAY: "THE CARD GAME"

AL STEIN

You are an elderly gentleman. Ever since your son died, you have lived with your daughter-in-law and your two grandchildren.

Almost everyday you take the bus to the local Senior Center to play cards with your friends, Dick McConnor, Herbert Poole, and Lloyd Dickson. You used to really enjoy playing cards with them. The men were all good friends, and Earl Baumgartner, who works at the Center, always had things set up for your game. But about a month ago you noticed that Dick McConnor cheats. It really irritates you that he cheats at cards just because he likes to be a winner all the time. You haven't confronted him yet, but if he keeps it up, you feel you'll just have to say something to him.

You're playing cards with your friends now and you're carefully watching Dick. You're pretty sure he's already cheated today, but you're waiting for him to make another wrong move before you say something to him. He just made that wrong move.

26. ROLE PLAY: "THE CARD GAME"

DICK McCONNOR

You are a retired elderly gentleman. At first when you retired, you were bored and restless. But over the past few years you have learned how to spend your time in enjoyable ways.

One of your favorite activities is playing cards with your friends at the Senior Center. You get together with Al Stein, Lloyd Dickson and Herbert Poole nearly every day. They're all good friends who enjoy playing cards as much as you do. And the Center is a nice place to play cards because Earl Baumgartner, who works at the Center, always gives you the best table.

Lately, however, Al Stein has seemed edgy and grumpy while playing cards. You asked him what's bothering him, but he always says "nothing".

You're playing cards with your three friends now. Al seems even jumpier than usual. You don't want to bother him by asking what's wrong. But you're really worried about him. Maybe he'll tell everyone what's bothering him when he's ready.

26. ROLE PLAY: "THE CARD GAME"

HERBERT POOLE

You are a retired plumber. You live with your wife Elsa in the old section of town. Now that you're retired, you fill your days with all the things you like to do. One of your favorite times is the daily card game at the Senior Center. You meet with Al Stein, Lloyd Dickson and Dick McConnor to play gin rummy in the card room almost every day. Sometimes Earl Baumgartner, who works at the Center plays too.

You really like Al, Earl and Lloyd, but your're not sure you like Dick. He seemed like a good sort when you first met him, but now you're not so sure. Al says that Dick cheats at cards. Maybe it's that part of Dick's nature that's bothering you. Al always says that Dick is the kind of man that has to win all the time.

The four of you are getting together for cards as usual. Earl is there, too. Al seems upset today. Perhaps he's going to say something to Dick about his cheating. You know you're not going to bring it up. You're not even positive he does cheat.

26. ROLE PLAY: "THE CARD GAME"

LLOYD DICKSON

You are 85 years-old. You live in the senior highrise next to the Senior Center. Each day you get together with Al Stein, Dick McConnor and Herbert Poole in the center's card room to play gin rummy. Earl Baumgartner, who works at the Center, is usually there, too.

You've enjoyed playing with these men for the past few months. But lately, the games aren't as much fun because Al thinks Dick is cheating. You're pretty sure Dick isn't cheating. He's just a good card player and has also been quite lucky lately. But Al is the suspicious sort. And, he can't face up to the fact that Dick might be a better player than he.

Al hasn't accused Dick to his face yet. But he watches him like a hawk. And, he talks to others at the center about Dick's cheating.

The four of you are just beginning a game of cards. Al seems extra edgy today. You're afraid he may say something to Dick that he'll regret. Perhaps you can help smooth out their differences.

26. ROLE PLAY: "THE CARD GAME"

EARL BAUMGARTNER

You work at the local Senior Center. Among your duties, you supervise the card room. It's usually a very easy job. You just have to check on the furniture, cards, pads, pencils, etc., periodically and help players with any questions or requests.

However, lately this easy job has begun to be difficult. There's one group of men who get together every day to play cards. They used to play for hours and laugh and joke with each other. But now there seems to be some sort of tension among them. Al seems especially edgy lately. And Herbert, Dick and Lloyd haven't been their usual jolly selves either.

It's about time for them to gather today. You decide to stay around because yesterday it seemed that whatever was bothering them was about to erupt. You want to be there if things do come to a head. Maybe you can help prevent a scene that they would all regret later.

26. "THE CARD GAME" DISCUSSION QUESTIONS

1. What is the problem?

2. Should Earl intervene? What is his role?

3. What are the different ways of handling this problem?

4. What would happen if you followed each of these strategies?

5. What would you do first? Why?

6. Sometimes a person who has a certain weakness is very critical of others who exhibit that same trait. If you thought this was the case, how would your actions differ?

7. How do you feel about loud arguments among close friends?

8. Should you try to prove or disprove that Dick is guilty of cheating?

9. What is the liklihood of the foursome continuing to play cards? What is needed for this to happen?

27. ROLE PLAY: "HURTING LEGS"

LEE CHITTENDEN

You are an outreach worker. You really like your job because it's so rewarding for you when you help your clients.

Today you are to visit Alex and Helen Morgan. You have visited them a few times before and have helped them solve some financial and medical problems. You showed them how to apply for SSI and encouraged Helen to seek some medical help. She was having severe pain in her legs.

This morning you talked with the doctor just to check on Helen. You were surprised to find out that Helen is chronically ill. The doctor said that she will continue to feel more pain and will become more disabled as time goes on. He has tried to tell Helen about her condition, but she doesn't seem able to accept it.

27. ROLE PLAY: "HURTING LEGS"

ALEX MORGAN

You are 83 years old and live with your wife Helen in the new senior housing building.

You both liked living there at first, but your life together took a bad turn when Helen's legs began bothering her. She complained about pain in her legs for several weeks. Finally you and Lee, your outreach worker, convinced her to see a doctor. He prescribed some pills to ease the pain in Helen's legs. She said they helped at first, but then the pain increased again, even with the pills.

You asked Helen several times what the doctor said was wrong with her. Her answers were always vague. She seemed unsure of the exact nature of her problem. So, you called the doctor. He told you that Helen's pain was not going to go away. He said she had a chronic condition that would probably get worse, and definitely would not get better. There is no cure for her illness now. He can only give her medication to ease her pain.

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27. ROLE PLAY: "HURTING LEGS"

HELEN MORGAN

You are about 75 years old and live with your husband Alex in the new senior housing. When you first moved there, you felt pretty good. But lately you find it difficult to even get out of bed. Your legs hurt even more than they used to after standing all day at work. You've already been to the doctor; however, he doesn't seem to be able to do anything to help you. He gave you pills to lessen the pain in your legs. The pills worked at first, but then you began to feel the pain again. You can't understand why the doctor can't do something to help you.

You hope that you will feel better in time, but you're not sure you will. Sometimes your legs just throb with a pain that is almost unbearable. It just seems to get worse and worse.

Lee, your outreach worker, is coming to visit today. Maybe there is some way Lee can help.

27. "HURTING LEGS" DISCUSSION QUESTIONS

1. What are the problems here?
2. Will repeatedly explaining Helen's problem to her help? Why or why not?
3. What are the alternative solutions?
4. What are the consequences of each of these strategies? Which would you choose?
5. How do you think Helen is feeling about her predicament?
6. What adjustment stages does a person need to go through to adapt to a chronic, painful illness?
7. What role can Alex play?
8. How long can one listen to another's complaints before feeling resentful and then perhaps guilty (because of feeling resentful)?
9. Does Helen need help from a professional person in the mental health area?
10. How might Helen feel if you told her she needed counseling?
11. How would you respond if you found out a recurring pain of yours was a chronic illness?
12. How would you respond if someone told you that you might need counseling?

28. ROLE PLAY: "THE DRIVER"

MRS. JONES

You are an elderly lady who lives alone in an apartment near town. You get along by yourself pretty well. Your health is good enough to allow you to cook and clean and get about by yourself. And, you get enough money from Social Security and your late husband's insurance to get by. Really, the only thing you can't do for yourself is drive. You take the bus when you can, but sometimes you need to go places where the bus doesn't go, like your doctor's office. Fortunately, there is a transportation service for seniors that you can call when you need to go to your doctor's or anywhere else that the bus lines don't reach.

This morning you remembered that you have a doctor's appointment at 11:00. You call the agency to get a driver to take you there. The secretary tells you that the driver is out right now. But she'll have him call you when he returns, which should be shortly.

You know Mr. Goff will call back soon and that he will take you to the doctor's. That's his job. He's supposed to take older people places when they can't get there by themselves. And you certainly can't get to the doctor's office by yourself. Once he tried to tell you he was too busy to take you where you needed to go. But that is what he is there for—to provide transporation.

The phone just rang. It's probably Mr. Goff calling to tell you when he'll pick you up.

28. ROLE PLAY: "THE DRIVER"

CHARLES GOFF

You are a driver for the local agency for elderly people. It is your job to pick up and deliver seniors on a reservation basis. You take them to appointments, to the Senior Center, to the nutrition site, etc. You enjoy your work. You like driving around the city and most of your clients are so appreciative that you feel like you're really providing them with a needed service.

However, sometimes your work really frustrates you. There are a few seniors who think they can call at the last minute to have you drive them somewhere. And there are others who expect you to take them somewhere before your work day even begins! They don't seem to realize that a reservation system must be used and followed to make the transportation system effective.

One of the worst offenders is Mrs. Jones. She often forgets to schedule transportation ahead of time. Once you had to say no because you were already tightly scheduled for that day. She got real huffy and said it was your responsibility to take her to appointments. You found out she even told her friends that she called to get transportation service and was refused. She didn't bother to tell them the whole story. Comments like hers can really hurt the work you're trying to do. Now, some seniors may not call when they need the service because they'll thing you're undependable. You just came back from delivering a senior and decide to check in at the agency. The secretary tells you that Mrs. Jones called while you were out and wants to be taken to the doctor's at 11:00. It's 10:30 now! You're sure she's known about the appointment for a while, but she just neglected to call early again. When will she learn?

You're scheduled to pick up a group who is going to the food stamp office at 11:15. You'll just have to call Mrs. Jones and tell her you are unable to help.

28. "THE DRIVER" DISCUSSION QUESTIONS

1. How do you feel about people like Mrs. Jones, who ignore the service's constraints?

2. What are the different ways one can handle this situation?

3. What would be the consequences of these strategies?

4. Which strategy would you choose?

5. What is motivating Mrs. Jones's behavior?

6. Should Charles Goff bring up the incident of Mrs. Jones telling her friends she was refused services?

29. ROLE PLAY: "MEDICARE"

SAM COOPER

You are a retired steel worker. About a year ago you had a stroke. You were in the hospital for several weeks under observation but now you're home again with your wife, Martha. You've had to slow down and watch your diet, but things have been going pretty well. You're just glad to be alive.

You do have to visit the doctor periodically, go to the hospital for tests once in a while, and take some prescribed medicine. But fortunately most of these expenses have been covered by Medicare.

Martha has been very helpful through all this. She has taken over the bill paying and other things you used to do around the house. Martha has even successfully applied for Food Stamps and Medicare.

Today Martha got notification from Medicare indicating that they will not cover some of your recent medical costs. She was really upset and worried about paying the bills. You don't know what you're going to do. You don't have any money to pay the doctor and the pharmacy.

Martha called Erin Delaney, the outreach worker at the agency. The secretary said Erin was out but she would have him come over as soon as possible.

The doorbell just rang. You hope Erin will be able to figure out a way to solve your financial woes.

29. ROLE PLAY: "MEDICARE"

ERIN DELANEY

You are an outreach worker at the local office on aging. You have many elderly clients in the community whom you try to help. Often it's just a matter of alerting them to services and people who can help them with their problems. But you always follow up and act as their liaison until the problem is solved.

Today you are going to visit the Coopers. Sam Cooper is a retired steel worker. He had a stroke a year ago and has had to adjust to a slower paced life with more limitations. But he's getting along pretty well. His wife, Martha, has helped by taking over some of his former responsibilities. She takes care of the bills and has done all the applying for aid. They get Food Stamps, support from Social Security and Sam's medical costs are covered by Medicare.

Actually you were surprised when the secretary told you that Martha Cooper had called and wanted you to stop over today. They seem to have things well under control. You hope Sam hasn't had another setback or anything.

You're arriving at the Cooper's home now.

29. ROLE PLAY: "MEDICARE"

MARTHA COOPER

You are an elderly lady. You live with your husband Sam in the house you bought when you got married.

Sam is a retired steel worker. He had a stroke last year and was really quite weak for a long time. But he's doing much better now. He still has to watch his diet and be careful he doesn't overdo, but he feels much better.

You've taken over the bill paying and some of the other tasks Sam used to do around the house. You don't want him to do the bills for fear he'd get all upset and aggravate his condition. Sometimes you can just barely keep up with the bills, even with the help of Medicare and the Food Stamps.

Yesterday the Food Stamp Office wrote and said that you don't qualify for Food Stamps anymore. You called and explained your predicament and needs, and the lady told you to come down to the office and fill out some more forms. But you can't drive. You can't understand why you don't qualify now anyway. Nothing has changed.

You didn't tell Sam because you didn't want to upset him. Unfortunately, he was in the room today when you got a letter from Medicare. They said that your recent medical costs would not be covered. In fact they won't even help pay Sam's drug bill. You had been told that Medicare would cover all your bills but now they aren't going to help.

You just don't know what will happen. No Food Stamps and now no Medicare!

You called the Medicare office and explained your situation, but the girl doesn't seem to understand what you're talking about. She said she'd have someone call you. However, she's told you that before and you never got the call.

You decide to call Erin Delaney at the Agency for the Aged to get some help. The secretary said Erin was out but that she would have him come over as soon as possible.

The doorbell just rang.

29. "MEDICARE" DISCUSSION QUESTIONS

1. What are the problems within this situation?

2. What are the possible solutions and each respective consequence?

3. How do you suppose the Coopers feel, suddenly having to worry about enough money to eat, when they have lived all their lives on a comfortable income?

4. What "tricks of the trade" have you learned which make it easier to deal with bureaucracies?

5. How much should you do for others if you feel they are capable of doing for themselves?

6. What do you think could be done to lessen the "red-tape" involved in obtaining various services?

7. How do you view your role as an advocate?

8. Is it possible for the average citizen to understand all the regulations and guidelines involved in service delivery? Why or why not?

30. PLAYLET: "THE GEBHARTS"

Players: Alice Gebhart, daughter, about 50
Chris Williams, supervisor from Office on Aging

Setting: Home of Alice Gebhart

(Chris knocks on Alice's door. Alice opens the door.)

Chris: Hello, I'm Chris Williams.

Alice: Hi. I'm glad you were able to stop by while mother is at the doctor's. I've got to talk to someone. Have a seat.

(Chris and Alice sit on chairs in the living room.)

Alice: My I get you something to drink? Coffee?

Chris: No, thanks . . . How may I help you?

Alice: Well, I'm just about at my wit's end. Mother constantly yells for me if I'm not in the room with her. She wants me there day and night to reassure her or get things for her. She'll ask for her cough syrup and then wait until I'm busy with something and yell for a glass of water. Or sometimes she just wants to talk to me or see my face. It's always something! I don't think I can endure this demanding much longer, but I won't put her in a nursing home either.

Chris: Why?

Alice: Well, they wouldn't give her the care she needs and I'm just sure she'd die if she were in a home . . . Yet, I'm trapped the way things are now. I'd like to get out and get a job; maybe join some of the groups in our neighborhood. But I feel someone must be here all the time. And mother won't have anyone else in. We tried it once and she threw the woman out after half an hour! I've tried, along with the outreach worker, to convince her to go to the day care center, but she won't even give it a try. She's so reluctant to give things a chance. I just don't know what to do. I love my mother, but I can't take her demands much longer. I realize it takes extra effort for her to get about since her operation. That's why I've been patient up until now. But it seems she doesn't even try to do anything for herself. She's so dependent on me!

30. "THE GEBHARTS" DISCUSSION QUESTIONS

1. What is (are) the problem(s) portrayed in this playlet?
2. How does Alice feel about her mother?
3. What are the mother's expectations of Alice?
4. Why might Alice's mother be behaving this way?
5. How would Alice like to change things?
6. What do you think Alice's obligations should be in regards to her mother? Why?
7. What are some possible solutions for the problem(s)? What are the expected consequences?
8. Which one would you try first? Next?

31. PLAYLET: "BERTHA'S FRIEND"

Players: Ruth (worker)
Pat Morrison (worker)
Bertha
Edna

Setting: Nutrition Site Cafeteria

(Ruth approaches Pat who is standing in the cafeteria watching the seniors)

Ruth: (whispers) Would you please talk with Bertha? Something's bothering her. She isn't eating today. I can't get her to tell me what it is. And, you're always so good at getting people to open up.

Pat: Okay. I'll give it a try.

(Pat walks over to Bertha who is sitting next to Edna. Bertha is just playing with her food.)

Pat: Bertha, aren't you hungry today?

Bertha: No . . . I guess not.

Edna: She just found out that Mrs. Smelt died last night; you know, that nice young woman who lives next door to her. She was only forty-five and she passed away last night.

Bertha: Yes, I would talk to her almost everyday and now she's gone . . . You just don't realize that death can be so close like that. A body can just die without ever thinking it's their time. I might go some night like her and never even know it was coming. And I'm so much older than Mrs. Smelt, so my time is probably coming soon.

31. "BERTHA'S FRIEND" DISCUSSION QUESTIONS

1. Is Bertha right?

2. What might be concerning Bertha as she thinks about dying?

3. What are the possible ways to react to Bertha? Why might one react these ways?

4. How might these different ways of reacting affect Bertha?

5. Which is the best way to deal with the problem?

6. Should grieving and/or thinking about one's own death be encouraged?

7. Do you think a minister or funeral director should speak to a group of older people as an informational program?

8. How do you feel about your own death?

9. How might your feelings about death affect how you talk with another person who is concerned with death and dying?

32. PLAYLET: "THE PAINTER"

Players:	Rose Worley, elderly lady Lee Benjance, worker
Setting:	Senior Center Craft Room

(Rose enters the craft room)

Lee:	Hi, Rose. How are you today?
Rose:	Oh, all right, I guess.
Lee:	That's good . . . what are you going to work on today?
Rose:	I think I'll work on my watercolor.

(Walks over to the easel.)

Lee:	Okay. Here's your paints and brush.

(Hands her the supplies.)

Rose:	Thanks. (Sets up the supplies on the easel. Begins to paint. Bumps the easel and brush falls. Bends over to pick it up. Straightens up and staggers forward, grabbing the easel for support. Face flushes.)
Lee:	Oh, Rose! Are you all right? You look so flushed! Do you feel faint? Maybe I should send for the nurse.
Rose:	No! I'm all right! I'm all right . . . I don't want to see the nurse. She'll send me to the clinic. And once you're in that clinic, they don't let you out!

32. "THE PAINTER" DISCUSSION QUESTIONS

1. What is the range of possible explanations for Rose's illness?

2. How likely is it to be serious?

3. If she died of a stroke three hours later and you hadn't insisted that she get aid, how would you feel? Would that affect how you dealt with possible emergencies in the future?

4. If you insisted on Rose's going to the clinic and nothing was wrong, except that now she had a doctor's bill, how would you feel? Would that affect how you dealt with possible emergencies in the future?

5. What would you do in this situation? Why?

6. Would Rose's fear of the clinic keep her from going even if she was extremely worried about her health?

7. Why do people sometimes refuse medical help when they need it?

8. How does it make you feel when someone refuses to do what you think is important?

9. How do you suppose it feels to be sick suddenly and know that you just can't count on your body?

10. Is there anything that can be done to help another person adjust to poor health which may not ever improve?

33. "EUCHRE COOKIES"

Mrs. Johansen, a regular participant at the center, is enjoying the euchre party in the reception room. Halfway through a game, she begins to have minor asthma attack. She excuses herself, saying she'd better go home. Everyone expresses concern and understanding.

Mrs. Johansen stops at your office on her way out. She explains her problem and asks if she might have a couple of cookies that were to be served at the party, to take home.

You go down to the recreation room and ask the senior who has been appointed hostess of the day where the cookies are for the euchre party. You know there are other cookies in the freezer in the cafeteria, but you think the ones made fresh for the party are probably better. Much to your surprise, the senior hostess responds (selfishly you feel) that she isn't sure if there are enough cookies for the party as it is, and therefore, Mrs. Johansen can't have any.

33. "EUCHRE COOKIES" DISCUSSION QUESTIONS

1. What is the problem here?
2. How would you help solve it?
3. What is the hostess's apparent attitude? Is it your responsibility to alter that attitude?
4. What do you think might motivate this attitude in some people?
5. What are the possible responses to the hostess? Which one would you choose?
6. What would you do about the cookie request?
7. What is more important, the end result or the way it is achieved?

34. "THE WATCHER"

Each day when the seniors come into lunch at the nutrition site, they stop by the donation can. What they put in the can is kept confidential. Some can afford to donate the suggested amount and others cannot.

No one pays much attention to the activity around the can, except Mr. Phillips. He watches it like a hawk. Periodically he comes to you with reports concerning who has not "paid". It always seems to be a different person that he complains about.

Today he approaches you and whispers that Albert has eaten three meals there and had one meal delivered at home, all of which he never "paid" for. He wants you to talk to Albert because he doesn't think it's fair that some people sacrifice to make a donation and others take advantage of the program.

34. "THE WATCHER" DISCUSSION QUESTIONS

1. Why might Mr. Phillips behave this way?
2. Will an explanation of the donation policy clear it up for Mr. Phillips?
3. What do you think of those who never donate when they could probably afford to contribute?
4. What are all the possible ways to deal with Mr. Phillip's preoccupation with donations? What would the consequences of each response be?
5. Which way of handling the situation seems the best?
6. How would Mr. Phillips' financial status affect your reaction to his comments?
7. What is the proper way of dealing with a donation policy for all participants?

35. "THE BRACE"

One of your clients fell a few days ago. When he was taken to the hospital for x-rays, it was discovered that no bones were broken, but that he had bruised his ribs. He was told to wear an elastic brace for at least the next two weeks.

Today you decide to visit him at home. The client tells you that he is not going to wear the brace anymore. He complains that it is too uncomfortable. He says that he doesn't want to do anything but lie in bed anyway and his ribs won't be hurt if he just lies down without the brace. He doesn't even want to sit in the rocker or go in and lie on the couch to watch TV. He seems to have lost all ambition to do anything.

35. "THE BRACE" DISCUSSION QUESTIONS

1. What are the problems here?

2. Which one is the most important to solve?

3. What strategies could you utilize to help your client?

4. Should elderly people be encouraged to take an active role in life? Why?

5. What is your role in getting your client to follow his medical prescriptions?

6. What possible obstacles might you encounter in getting him to help himself?

7. How does the client feel now? How would you want him to feel?

8. If your client continues in this non-motivated state after his ribs are healed, what would you do then?

9. What do you think of people who refuse to follow the doctor's orders?

36. "CHECKS"

The Donelsons, an elderly couple who live in the senior housing, get very confused when paying for their medical care. They don't really understand how to fill out the forms and follow the procedures. The last time you visited them you looked over their Medicare and insurance statements. You helped the Donelsons fill out the papers for the insurance company in order to get the amount not covered by Medicare. But the Donelsons forgot to pay on Mr. Donelson's hospital and doctor bills. They just don't understand that the checks are to be sent to the doctor after Mr. Donelson signs them. Once they even threw away a payment because it looked like a duplicate of a bill they thought they had recently paid.

You have received several calls from the Donelson's daughter, Marie. She usually wants to know what to do with checks written to Mr. Donelson from Medicare. She isn't sure if they are for her father or for the doctor who took care of her father. She complains that it seems like she has paid and paid so many times. She feels that she must have paid it all by now.

Your seniors often have trouble with all the forms and red tape they must go through to pay for their medical care. They get confused and nervous and just can't handle it. You try to do your best to help them but sometimes it seems the doctors and hospitals don't do their part in helping seniors understand what they're supposed to do. By the time they get to you, people like the Donelsons are so confused and upset it's difficult to straighten things out. Sometimes you have to write to the companies to get it cleared up.

The secretary told you that Marie, the Donelson's daughter, called again while you were out. The secretary said Marie has a check and she doesn't know what to do with it.

36. "CHECKS" DISCUSSION QUESTIONS

1. What is the main problem here?

2. What are the alternatives for solving it?

3. Should you complete the forms for seniors who have trouble filling them out or should you teach them to do it for themselves? Why?

4. What can you do to eliminate or lessen some of the "red tape"?

5. How can you help the Donelsons cope with their financial problems?

6. What strategies can be used in helping the Donelsons cope with their frustration?

7. Are there other problems implied in this narrative? What are they?

8. Should people teach others to do things for themselves even when it takes much more effort than doing it for them?

9. What responsibility do doctors and hospitals have in aiding seniors with medical forms? What can you do in cooperation to solve this problem?

10. Is Marie making the problem worse? What can be done in working with her to lessen the difficulty?

37. "DOORSTOPS"

The senior center and accompanying senior housing where you work is being remodeled. A crew of workers has been there for the last several months. Their presence has caused some changes in procedures and has created a little disturbance for some of the seniors. But the work they have done more than compensates for the inconvenience of working around them.

Today you are working in your office when Mr. Kellogg, the president of the Senior Citizens Council, wheels in his chair. He has been confined to a wheel chair for the last few years but has become very agile in getting about. As you look up from your paper work, you realize Mr. Kellogg is very upset about something. He does have a bit of a temper but you can't remember seeing him quite this angry.

He tells you with trembling lips and near tears that the regular custodian won't install doorstops because the "boss" won't allow it. As he talks about his needs for doorstops and the "boss's" indifference, you realize that the "boss" he is referring to is the man in charge of the remodeling efforts. Mr. Kellogg is so upset that he threatens to leave and never return if "that man" is the one who decides things.

37. "DOOR STOPS" DISCUSSION QUESTIONS

1. What problem(s) are implied in this situation?

2. Why is Mr. Kellogg upset? Is there more than one reason?

3. What is your immediate goal in solving this problem? What other goals might you want to achieve?

4. How does one deal with a staff member who exceeds his authority like the "boss"?

5. How would you react to Mr. Kellogg?

6. How would you go about establishing a barrier-free environment for handicapped clients?

38. "THE CRIER"

Today in the craft room, one of the elderly ladies began crying without apparent provocation. When you asked what was upsetting her, she did not respond. One of the other ladies informed you that Mrs. Fuller never tells anyone what's bothering her. She always holds everything in. She won't talk about it.

You decide to check on Mrs. Fuller's background and discover that she had been quite ill earlier this year. But her doctor says that there is no medical explanation for her tears.

Just as you are leaving for the day, you see Mrs. Fuller again in the lounge. She is sitting by herself leafing through a magazine.

38. "THE CRIER" DISCUSSION QUESTIONS

1. How would you approach Mrs. Fuller in the lounge?

2. Should people be coerced to talk about their problems for their own good? Or, should one's privacy be respected?

3. How might you engage the other seniors in helping Mrs. Fuller? The doctor? Who else might help?

4. What would be your main objective in working with Mrs. Fuller?

5. How might you feel if you were Mrs. Fuller?

6. If it turns out that Mrs. Fuller's previous illness is related to her crying, how would this affect your course of action?

7. What reasons might Mrs. Fuller have for not sharing what is bothering her?

8. How would you work with her in each case?

39. "MEMO: MRS. PEABODY"

To: Chris Williams

From: Fred Jacobs, driver

Re: Mrs. Peabody

Something must be done about seniors who make an appointment to be picked up and then either aren't there or have decided not to go. They can't seem to understand that when they cancel without letting us know, they are not only wasting the driver's time but also depriving someone else from being transported where they need to go.

The worst offender is Mrs. Peabody. I went to her house at eleven this morning in response to an appointment. When I got there, nobody was home. Then this afternoon I found out she had called a cab an hour before I was scheduled to pick her up. This has happened several times in the past few weeks.

39. "MEMO: MRS. PEABODY" DISCUSSION QUESTIONS

1. What is the problem?
2. What is your responsibility in this situation?
3. What do you think of Mr. Jacobs's complaint?
4. How can you help Mr. Jacobs do his best work?
5. How do you feel about Mrs. Peabody? If you know from past experience that she is very forgetful, how would this alter your opinion?
6. What can be done to prevent further incidents of this type?

40. "MEMO: HOME PHONE CALLS"

To: All Staff

From: Joan Bender

Re: Home Phone Calls

We have all experienced the problem of receiving phone calls from our clients when at home. In cases of emergency, this is quite acceptable. But most calls tend to be just chatty conversations or unceasing complaints.

Recently, this has caused me a great deal of difficulty. With so many calls at home, I have little time to myself. I've tried making excuses as to why I can't talk, but they just keep calling.

I would like to discuss this problem and possible solutions at our next staff meeting.

40. "MEMO: HOME PHONE CALLS" DISCUSSION QUESTIONS

1. If you were one of the staff members receiving this memo, what would your immediate reaction be?

2. What suggestions or comments would you make at the next staff meeting?

3. Should seniors be strongly advised not to call staff members at home? Why or why not?

4. Would it be appropriate for staff members to have unlisted numbers? Why or why not?

5. How might one discourage unnecessary calls from senior clients?

6. What reasons might seniors have for making seemingly unnecessary calls?

7. How can one deal with these reasons?

8. How can one maintain privacy at home and/or finish work at the office with constant phone call interruptions?

41. "WEEKLY REPORT OF MR. GOLDSMITH, SEPTEMBER 6-10"

Client: Mr. Horace Goldsmith

Worker: Leona Smithers

Position: Public Health Nurse

Week: September 6-10

Mr. Goldsmith is a new client this week. I had received an anonymous phone call on Monday from a store owner who said he is always dirty when he comes into the store. The owner said Mr. Goldsmith smells bad and his hair looks as if it is never combed.

I made a home visit on Tuesday and discovered he lives with a nephew. The nephew was very cooperative but said he couldn't do a thing with his uncle. After quite a bit of coaxing, I managed to get Mr. Goldsmith into the tub. I took his filthy clothes and soiled undergarments into the other room to be thrown out or laundered and brought in clean ones for the client. Mr. Goldsmith seemed to enjoy the bath.

Today (Friday) when I went back, I found out that Mr. Goldsmith looked for his dirty clothes after I had left Tuesday and put them back on. Today he could not be coaxed into taking a bath or even changing his clothes. I reminded him how much fun it was on Tuesday and even promised him a treat if he would get cleaned up. But, he stubbornly refused.

41. "WEEKLY REPORT OF MR. GOLDSMITH, SEPTEMBER 6-10" DISCUSSION QUESTIONS

1. What is the problem described in this report?
2. Why is the problem a problem? What would you like to change?
3. If Mr. Goldsmith's habits continue as they are, how will they affect him?
4. How can Leona help Mr. Goldsmith now? In the future?
5. What is the nephew's role in this situation? What could his role be?
6. How does cleanliness or lack of it affect other people?
7. What suggestions would you make to Leona?
8. Is cleanliness and smelling nice a middle-class "hang-up"?

42. "WEEKLY REPORT OF CATHERINE HATCHER, OCTOBER 9-13"

Client: Catherine Hatcher

Worker: Rick Fitzgibbon

Position: Outreach Worker

Week: October 9-13

Mrs. Hatcher's condition seems to be worse this week. When I visited her Tuesday, she appeared very frail and undernourished. I offered to make her some lunch but there was no food in the house. When I asked her about the lack of food in the kitchen, she said that it was "somewhere else". But when I asked where, she was unable to tell me.

Then on Thursday when I visited again, she was very nervous. She bumped into the furniture a few times and her eyes kept darting around. She was carrying a dollar bill rolled up in her hand in case "the ones who came in want anything". The police have told me that there are several delinquents in the neighborhood. Perhaps they are harrassing her, or perhaps she is just confused.

42. "WEEKLY REPORT OF CATHERINE HATCHER, OCTOBER 9-13" DISCUSSION QUESTIONS

1. What is Mrs. Hatcher's main problem? Are there secondary problems? If so, what?

2. What steps might be taken to help Mrs. Hatcher solve her problems?

3. Is it within your responsibility to check into the possible delinquent harrassment? If there are delinquents, where does your responsibility or authority end?

4. If Mrs. Hatcher is just confused and there is no one harrassing her, how does that change your course of action?

5. What are the possibilities for improving Mrs. Hatcher's diet?

6. What possible obstacles do you foresee in helping Mrs. Hatcher?

7. How would you deal with each one?

8. If you become convinced that Mrs. Hatcher is losing her mental acuteness, what other problems does this pose? How would you deal with each one?

43. "WEEKLY REPORT OF SYBIL COHEN, MARCH 20-24"

Client: Sybil Cohen

Worker: Nancy Weaver

Position: Public Health Nurse

Week: March 20-24

Mrs. Cohen's foot is quite inflamed. When I saw her Wednesday she showed me her foot and I advised her to see a doctor. But when I visited her again on Friday, she had not even made an appointment with a doctor and her foot was worse.

It seems she only trusts her doctor, Dr. Rosenberg, in Boston. He has treated her for leg and foot problems in the past. But, she won't be going to Massachusetts for several months.

She is very apprehensive about seeing a doctor because of her family's history of impaired circulation with subsequent amputation of feet.

43. "WEEKLY REPORT OF SYBIL COHEN, MARCH 20-24" DISCUSSION QUESTIONS

1. What is Mrs. Cohen's immediate problem?

2. How would you encourage her to help herself?

3. What other problem(s) does this case history imply?

4. What are your short and long-range goals in helping Mrs. Cohen?

5. How would you anticipate accomplishing these goals?

6. How does one deal with loyalty to a doctor or other professional when it is obstructing an immediate need?

7. How does Mrs. Cohen feel?

8. What reasons might seniors have for not seeking medical attention when it is needed?

9. How might one deal with each of these reasons?

10. Does Mrs. Cohen's family history of impaired circulation with subsequent amputation of feet have any bearing on your treatment of her case? If so, how?

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APPENDIX A

Research Instrument

Ohio Commission on Aging
34 NORTH HIGH STREET, 3RD FLOOR
COLUMBUS, OHIO 43215
(614) 466-5500

INSTRUCTIONS AND COVER PAGE

FOR THE

PROBLEM IDENTIFICATION FORM

This research on the problems of people who work with older persons is being done so training can be developed which is based on real needs.

Please fill out one of the attached forms each day for five working days in a row. The first page following this page is a sample to show you how an example problem was reported.

Indicate below what type of work you do, and in what setting. For example, outreach work from a senior center - or - site manager of a nutrition site. You do not need to sign your name.

After you have completed all five forms, enclose them along with this page in the attached envelope, seal the envelope, and return it to the person who gave these forms to you. Or, if you are with a Title VII program return the envelope directly to the above address.

Thank you for your cooperation.

****

Type of work or job title: ______________________________

____

Setting you work in: ______________________________

____

PROBLEM IDENTIFICATION FORM

1. The incident between myself and an older person with whom I work which caused me the greatest concern today happened as follows: (Describe the event in as much detail as possible. Use the back of this page if you wish.)

2. To me, the problem I described above was: (Rank by circling one number for each part a, b, c, d, below. For example, if you felt the problem you described was extremely unusual you would circle "5" in part a. Or, if you ran into this problem about once a month, you might circle "2" in part a.)

a.	Usual (all in the course of a day's work)	1	2	3	4	5	Unusual (hardly ever happened in my memory to me or others)
b.	Simple (easy to understand how and why it happened)	1	2	3	4	5	Complex (extremely difficult to know how and why it occurred)
c.	Solvable (capable of being solved quite easily)	1	2	3	4	5	Insolvable (defies solution)
d.	Slightly frustrating (bothered me - but not severely)	1	2	3	4	5	Extremely upsetting (disturbed me to the point of mental or physical exhaustion)

SAMPLE PAGE

PROBLEM IDENTIFICATION FORM

1. The incident between myself and an older person with whom I work which caused me the greatest concern today happened as follows: (Describe the event in as much detail as possible. Use the back of this page if you wish.)

Today I noticed one of the older women who I work with looked ill. Later, when I saw her start to fall down I tried to get her to tell me what was wrong, but she kept insisting she was fine. I think she needs to see a doctor, but I don't know how to convince her. I think she is afraid.

2. To me, the problem I described above was: (Rank by circling one number for each part a, b, c, d, below. For example, if you felt the problem you described was extremely unusual you would circle "5" in part a. Or, if you ran into this problem about once a month, you might circle "2" in part a.)

a.	Usual (all in the course of a day's work)	1 2 [✓ 3] 4 5	Unusual (hardly ever happened in my memory to me or others)
b.	Simple (easy to understand how and why it happened)	1 [✓ 2] 3 4 5	Complex (extremely difficult to know how and why it occurred)
c.	Solvable (capable of being solved quite easily)	1 2 3 [✓ 4] 5	Insolvable (defies solution)
d.	Slightly frustrating (bothered me - but not severely)	1 2 3 [✓ 4] 5	Extremely upsetting (disturbed me to the point of mental or physical exhaustion)

APPENDIX B

Evaluation Form

EVALUATION FORM

You have been experiencing simulated situations regarding working with older people. In order to assess the effectiveness of these training materials please provide your reaction to the questions below. Your name is not needed.

(1) Did the situations presented seem real? Did you feel like you were there?

yes____ no____

(2) In your opinion, were the problems presented relevant to real life?

yes____ no____

(3) Did the discussion questions lead to a helpful analysis?

yes____ no____

(4) Did you learn any new ways to handle problems?

yes____ no____

(5) Were the instructions clear?

yes____ no____

(6) Do you understand any new points of view any better now?

yes____ no____

(7) Do you understand your own point of view any better now?

yes____ no____

(8) Did you have enough time to discuss the problems?

yes____ no____

(9) Do you now feel better prepared to handle those same problems or similar problems if they happened to you?

yes____ no____

(10) Any other comments?

Prices Effective January 1, 1979

PBTE Materials ORDER FORM

To Use This Form: Select the materials you desire from the listing on pages 1, 2 and 3 of this form. After you have selected all materials desired, record totals in the space provided on page 4 and compute a "Total Amount Due."

When you complete the form, fold it so that the return address panel is on the outside, staple, and mail — no postage necessary.

Your purchase order may be substituted for this order blank.

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THE OHIO STATE UNIVERSITY
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Listings

Module Number	**SUPPORTING MATERIALS** / **Name of Module**	**Price Each**	**Quantity Desired**	**TOTAL COST**
	Performance-Based Teacher Education: The State of the Art, General Education and Vocational Education	$ 3.75		
	Resource Person Guide to Using Performance-Based Teacher Education Materials	5.00		
	Student Guide to Using Performance-Based Teacher Education Materials	1.35		
	Guide to the Implementation of Performance-Based Teacher Education	4.85		
	Overview of the Center's PBTE Program (slide/audiotape)	41.00		
	The Role of the Resource Person Using the Center's PBTE Materials (slide/audiotape)	72.00		
	U and PBTE (slide/audiotape)	44.00		
	Vocational Teacher Competency Profile—Pad of 50 Individualized Record Sheets	2.20		
CATEGORY A: PROGRAM PLANNING, DEVELOPMENT, AND EVALUATION	Discounted price of complete set	**$30.83**		
A–1	Prepare for a Community Survey	$ 4.30		
A–2	Conduct a Community Survey	2.65		
A–3	Report the Findings of a Community Survey	3.75		
A–4	Organize an Occupational Advisory Committee	2.00		
A–5	Maintain an Occupational Advisory Committee	2.65		
A–6	Develop Program Goals & Objectives	2.20		
A–7	Conduct an Occupational Analysis	4.20		
A–8	Develop a Course of Study	3.10		
A–9	Develop Long-Range Program Plans	2.20		
A–10	Conduct a Student Follow-Up Study	3.75		
A–11	Evaluate Your Vocational Program	3.45		
CATEGORY B: INSTRUCTIONAL PLANNING	Discounted price of complete set	**$15.12**		
B–1	Determine Needs & Interests of Students	$ 3.75		
B–2	Develop Student Performance Objectives	3.30		
B–3	Develop a Unit of Instruction	3.30		
B–4	Develop a Lesson Plan	2.00		
B–5	Select Student Instructional Materials	2.00		
B–6	Prepare Teacher-Made Instructional Materials	2.45		

Module Number	Name of Module	Price Each	Quantity Desired	TOTAL COST
CATEGORY C: INSTRUCTIONAL EXECUTION		Discounted price of complete set **$69.26**		
C-1	Direct Field Trips	$ 3.30		
C-2	Conduct Group Discussions, Panel Discussions, & Symposiums	2.65		
C-3	Employ Brainstorming, Buzz Group, & Question Box Techniques	1.55		
C-4	Direct Students in Instructing Other Students	1.55		
C-5	Employ Simulation Techniques	3.55		
C-6	Guide Student Study	2.45		
C-7	Direct Student Laboratory Experience	3.30		
C-8	Direct Students in Applying Problem-Solving Techniques	3.30		
C-9	Employ the Project Method	2.45		
C-10	Introduce a Lesson	2.65		
C-11	Summarize a Lesson	2.45		
C-12	Employ Oral Questioning Techniques	2.45		
C-13	Employ Reinforcement Techniques	2.90		
C-14	Provide Instruction for Slower & More Capable Learners	1.80		
C-15	Present an Illustrated Talk	2.90		
C-16	Demonstrate a Manipulative Skill	2.20		
C-17	Demonstrate a Concept or Principle	3.10		
C-18	Individualize Instruction	2.90		
C-19	Employ the Team Teaching Approach	1.80		
C-20	Use Subject Matter Experts to Present Information	2.45		
C-21	Prepare Bulletin Boards & Exhibits	2.65		
C-22	Present Information with Models, Real Objects, & Flannel Boards	2.90		
C-23	Present Information with Overhead & Opaque Materials	3.10		
C-24	Present Information with Filmstrips & Slides	3.10		
C-25	Present Information with Films	2.20		
C-26	Present Information with Audio Recordings	3.10		
C-27	Present Information with Televised & Videotaped Materials	2.20		
C-28	Employ Programmed Instruction	2.90		
C-29	Present Information with the Chalkboard & Flip Chart	3.10		
CATEGORY D: INSTRUCTIONAL EVALUATION		Discounted price of complete set **$11.97**		
D-1	Establish Student Performance Criteria	$ 1.55		
D-2	Assess Student Performance: Knowledge	3.55		
D-3	Assess Student Performance: Attitudes	2.20		
D-4	Assess Student Performance: Skills	1.80		
D-5	Determine Student Grades	2.20		
D-6	Evaluate Your Instructional Effectiveness	2.00		
CATEGORY E: INSTRUCTIONAL MANAGEMENT		Discounted price of complete set **$20.79**		
E-1	Project Instructional Resource Needs	$ 3.10		
E-2	Manage Your Budgeting & Reporting Responsibilities	3.10		
E-3	Arrange for Improvement of Your Vocational Facilities	1.80		
E-4	Maintain a Filing System	2.00		
E-5	Provide for Student Safety	2.90		
E-6	Provide for the First Aid Needs of Students	2.00		
E-7	Assist Students in Developing Self-Discipline	2.20		
E-8	Organize the Vocational Laboratory	2.45		
E-9	Manage the Vocational Laboratory	3.55		

2

Module Number	Name of Module	Price Each	Quantity Desired	TOTAL COST
CATEGORY F: GUIDANCE		Discounted price of complete set **$11.97**		
F–1	Gather Student Data Using Formal Data-Collection Techniques	$ 2.90		
F–2	Gather Student Data Through Personal Contacts	2.20		
F–3	Use Conferences to Help Meet Student Needs	2.45		
F–4	Provide Information on Educational & Career Opportunities	2.45		
F–5	Assist Students in Applying for Employment or Further Education	3.30		
CATEGORY G: SCHOOL-COMMUNITY RELATIONS		Discounted price of complete set **$20.43**		
G–1	Develop a School-Community Relations Plan for Your Vocational Program	$ 1.80		
G–2	Give Presentations to Promote Your Vocational Program	2.90		
G–3	Develop Brochures to Promote Your Vocational Program	2.65		
G–4	Prepare Displays to Promote Your Vocational Program	2.45		
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G–9	Work with State and Local Educators	1.80		
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H–1	Develop a Personal Philosophy Concerning Student Vocational Organizations	$ 1.55		
H–2	Establish a Student Vocational Organization	2.00		
H–3	Prepare Student Vocational Organization Members for Leadership Roles	1.80		
H–4	Assist Student Vocational Organization Members in Developing and Financing a Yearly Program of Activities	2.00		
H–5	Supervise Activities of the Student Vocational Organization	2.00		
H–6	Guide Participation in Student Vocational Organization Contests	1.80		
CATEGORY I: PROFESSIONAL ROLE AND DEVELOPMENT		Discounted price of complete set **$17.15**		
I–1	Keep Up to Date Professionally	$ 2.20		
I–2	Serve Your Teaching Profession	2.00		
I–3	Develop an Active Personal Philosophy of Education	3.30		
I–4	Serve the School & Community	1.55		
I–5	Obtain a Suitable Teaching Position	2.65		
I–6	Provide Laboratory Experiences for Prospective Teachers	2.45		
I–7	Plan the Student Teaching Experience	2.45		
I–8	Supervise Student Teachers	2.45		
CATEGORY J: COORDINATION OF COOPERATIVE EDUCATION		Discounted price of complete set **$25.61**		
J–1	Establish Guidelines for Your Cooperative Vocational Program	$ 2.45		
J–2	Manage the Attendance, Transfers, & Terminations of Co-Op Students	1.55		
J–3	Enroll Students in Your Co-Op Program	5.00		
J–4	Secure Training Stations for Your Co-Op Program	1.80		
J–5	Place Co-Op Students on the Job	5.00		
J–6	Develop the Training Ability of On-the-Job Instructors	1.80		
J–7	Coordinate On-the-Job Instruction	4.20		
J–8	Evaluate Co-Op Students' On-the-Job Performance	2.20		
J–9	Prepare for Students' Related Instruction	2.45		
J–10	Supervise an Employer-Employee Appreciation Event	2.00		

3

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